# HIPAA
# ASC X12N 837 (004010)Addenda
# Companion Guide Version 2.0

# Washington State
# Department of Labor and Industries
# Workers' Compensation

**Updated February 23, 2005**

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# Introduction

## Preface

This Companion Guide to the ASC X12N 837 Implementation Guides adopted under HIPAA (Health Insurance Portability Accountability Act) clarifies and specifies the data content when exchanging electronically with the Department of Labor and Industries. Transmissions based on this companion document, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and the Implementation Guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides and Washington State Department of Labor & Industries' specific data content requirements.

In addition, this guide provides information for conducting e-commerce with the department via the new secure Provider Express Billing web site (PEB). PEB is one of the department's initiatives to comply with HIPAA and industry standards for electronic data interchange (EDI). To view PEB go to:
**https://fortress.wa.gov/lni/providerbilling/**

## Workers' Compensation Exemption

Workers' Compensation programs are legally exempt from HIPAA requirements. Regardless of this exemption, the department has chosen to adopt the new transaction and security standards in order to be as consistent as possible with other payers and the provider community. In order to accommodate our varied provider community, the department will accept both HIPAA compliant and current L&I proprietary formats. In addition, the department will continue to accept bills on paper.

## Benefits of EDI and PEB (Provider Express Billing)

The intent of transaction standardization and administrative simplification under HIPAA brings many benefits to providers and payers. There are additional benefits to providers using Labor and Industries web site (PEB) for electronic bill submissions and remittance advice retrieval. Benefits of EDI and PEB are:

- Improved efficiency, effectiveness, and profitability of administrative processes
- Decreased administrative costs of healthcare
- Eliminates software adaptation for multiple formats
- Reduces the complexity associated with multiple standards, formats, definitions, and identifiers
- Reduces bill processing time thereby increasing the speed of reimbursement
- Eliminates risks of lost or inefficient handling of paper documents
- Provides consistency with other payers
- Protects patient privacy by ensuring secure transmission of all electronic billing and remittance advices
- Provides immediate acknowledgement for ASC X12N 837 file transactions.
- Provides access to status of bills pending (277U – Unsolicited Claim Status version 3070)
- Provides access to retrieve your remittance advices from the web
- Provides links to other L&I information
- Processes L&I proprietary electronic billing files more efficiently, and provides immediate acknowledgement of file received

**How to use this document**

These Companion Guides are customized for each ASC X12N 837 version. Verify you have the Companion Guide(s) for the version your business intends to use in submitting 837 transactions to Labor and Industries. Refer to the Appendix - Version Chart. You may also refer to the Appendix - Change Summary to review the changes to the specific format as they apply to Labor and Industries usages.

After selecting the version you intend to use, review the L&I Mapping to Transactions section. This provides a sample-billing crosswalk between a paper billing for services and the EDI transaction format. Also refer to the Getting Started section for the steps to establish an account with Labor and Industries, begin EDI testing, and transmitting live data through Provider Express Billing. The Implementation Checklist in the appendix will assist you with this step-by-step process. You may find the following reference links to other HIPAA resources helpful. This list is not all-inclusive, but is intended to provide more extensive information regarding HIPAA transactions and requirements.

Please note the section for L&I Specific Business Rules and Limitations. This section outlines Labor and Industries restrictions and parameters when using the EDI ASC X12N transactions.

Your clearinghouse, software vendor and L&I Electronic Billing are available to answer questions and assist you in your transition to EDI billing.

**References**

**http://www.aspe.hhs.gov./admnsimp/**
The **Department of Health and Human Services (HHS)** website for HIPAA's administrative simplification provisions. It contains electronic versions of the Transaction, Privacy, and Security rules as well as updates from HHS.

**http://www.wedi.org/**
The website for the **Workgroup for Electronic Data Interchange (WEDI)**, which is an advisory group dealing with electronic commerce in the health care industry. WEDI served as an advisory group for HHS as they developed the HIPAA regulations. This website deals primarily with transactions.

**http://www.hipaadvisory.com/**
A website from **Phoenix Health Systems** containing articles, white papers, and products relating to HIPAA compliance.

**http://www.wpc-edi.com/**
The website for **Washington Publishing Company**, which provides the ASC X12N Implementation Guides, complete Addenda, and Code Lists.

**http://www.chita.org**
The **Community Health Information Technology Alliance (CHITA)** has made available free Transaction and Code set testing. Contact their website for further details.

**http://fortress.wa.gov/dshs/maa/dshshipaa/** The **Department of Social and Health Services' (DSHS)** website regarding HIPAA compliance.

**http://www.cms.hhs.gov/hipaa/** The **Centers for Medicare & Medicaid Services (CMS)** is responsible for implementing various unrelated provisions of HIPAA. This website provides a wealth of information regarding the rules and implementation.

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## Getting Started

### Provider Requirements

Providers will need to meet the following requirements in order to begin submitting HIPAA compliant transactions to the Department of Labor and Industries (L&I). These transactions and L&I proprietary electronic billing files will all be submitted through the Department's Provider Express Billing (PEB) web site. Please contact L&I Electronic Billing at 360-902-6511 for assistance with meeting these requirements.

- L&I Provider Account Number
- Completed Electronic Billing Authorization form for bill submission and/or remittance advice retrieval
- Updated Provider Account with EDI authorization for billing submission and/or remittance advice retrieval
- PEB registration and enrollment for submitting transactions and/or retrieving remittance advice
- Test transaction file submission, until approved for production submission

### Clearinghouse Requirements

Third party intermediaries, or clearinghouses, need to meet the following requirements in order to submit Worker's Compensation billings to L&I on behalf of healthcare providers. Please contact L&I Electronic Billing at 360-902-6511 for assistance with meeting these requirements.

- Active L&I Electronic Submitter Number updated for EDI transaction submission and/or remittance advice retrieval
- PEB registration and enrollment
- Test transaction file submission, until approved for production submission

### Reporting Requirements

Washington State law requires you to submit health information to the department or self-insurer when it is required or requested. HIPAA does not overrule any state law that requires the disclosure of health information (45 CFR § 164.512(a)). Washington State has specific laws that require medical providers to disclose health information to the department or self-insured employer for workers' compensation. Billing electronically does not alter the existing reporting requirements for Labor and Industries. Providers should continue to mail reports separately from the billing transmissions to the following address:

Department of Labor and Industries
PO Box 44291
Olympia WA 98504-4291

## Testing Overview with L&I

**Contact L&I Electronic Billing prior to submitting Test Transactions.**
They will:

- Ensure your L&I Provider Account Number is updated for testing EDI 837 Transactions.
- Answer questions regarding L&I acceptance of EDI 837 Transactions.
- Provide results of Test Transactions, notification of errors, and notification of successful tests.
- After successful testing, provide update to L&I Provider Account for authorization of Production EDI 837 submission.

**Test EDI 837 Transaction Submission(s)**
Refer to the L&I Mapping to Transactions section to verify your transactions include all the required data elements and data. In addition, you will need to refer to the specific 837 Implementation Guide for complete requirements in developing these transactions.

EDI 837 Test Transactions should include:

- A minimum of 5 test bills, but not more than 10.
- All required loops, segments and data elements should be included in test data.
- EDI test scripts should be representative of your 'live' business scenarios.
- Both inbound and outbound transactions will be tested i.e., 837 bill transactions, 997 Functional Acknowledgement, 277 Unsolicited Acknowledgement and Notification, TA1 Interchange Acknowledgement (if requested), and 835 Remittance Advice.
- In the ISA15 field be sure to include 'T' for test, then change to 'P' when authorized to submit Production files.
- When you transmit your 837 transaction test file through PEB, be sure to check the box 'This is a test file'. This will ensure that it is accepted into the test environment.
- Do not use any type of file compression on your 'test' or 'production' files.
- Clearinghouses: include multiple billing payee's in test transactions to ensure testing of multiple functional groups within an 837 Transaction.
- Organizations submitting 837I and 837P transactions within same file should include this scenario in one of their test scripts.

## Connectivity with L&I

## Provider Express Billing (PEB)

PEB is an Internet-based system that providers may use to send electronic billing files and/or retrieve remittance advices. PEB will accept the department's proprietary electronic billing formats or the HIPAA compliant EDI ASC X12N formats. PEB ensures that the transmission of all electronic billing files and remittance advices are secure.

## Minimum System Requirements

- Operating Systems
  - Windows 98
  - Windows NT
  - Windows 2000
  - Windows ME
  - Windows XP

- Browsers
  - Internet Explorer 5.5 or higher

## Registration / Enrollment / Activation or Authorization

Once your L&I Provider Account number is authorized to bill electronically and/or retrieve electronic remittances, you will need to:

- Register with PEB using Logon ID and Password
- Enroll your Provider Account number in PEB.
- If you enrolled as a Primary User, you will receive a letter in the mail with your activation code and you will need to 'Activate' your enrollment
  **OR**
- If you enrolled as a Secondary User, your organization's Primary User will need to approve your access request.

You will then be able to electronically submit billing files or retrieve remittance advices.

Please go to Customer Support at **https://fortress.wa.gov/lni/providerbilling/** for more detailed instructions.

## Transmission

PEB is available 7 days a week, 24 hours a day, except for scheduled maintenance between 4:00 a.m. - 8:00 a.m. on Sundays.

Once you are logged into PEB and have access to a provider number, you can submit a billing file by selecting "Submit Bills" or retrieve remittances and other EDI responses by selecting "Retrieve Remittances" at the Provider Express Billing Menu. You will receive immediate confirmation of successfully submitted transmissions. For EDI transactions, PEB provides additional HIPAA compliant acknowledgements.

## Managing Users

Each organization must have at least one Primary User to manage access to Provider Express Billing for users within their organization. The first user, who enrolls a provider or intermediary number for PEB, automatically becomes the Primary User for that provider/intermediary number. Additional Primary User's may be added.

Primary Users are responsible for the management and removal of access for users within their organization. In addition to being able to update/view their own user information, Primary Users have additional functions available under 'Manage User Information'.

## Contact Information

### Technical Support

**L&I Electronic Billing** 360-902-6511 or email: **ebulni@lni.wa.gov**

Available Monday – Friday, 8:00 a.m. – 5:00 p.m.

- Assist with troubleshooting electronic transaction errors
- Assist with establishing a new account or updating an account for electronic transactions
- Arrange testing for new providers and submitters

**Your Clearinghouse or Software Vendor**

- Provide assistance with your software program i.e., using specific features or screens; troubleshooting software errors
- Provides clearinghouse requirements for submitting provider's bill data on to L&I as HIPAA transaction

**L&I PEB Support** 360-902-5999 or email: **peb@lni.wa.gov**

Available Monday – Friday, 8:00 a.m. – 5:00 p.m.

- Provide assistance with registration, enrollment, and activation for PEB
- Provide information and assistance with browser settings and system requirements
- Assist with navigation and processes throughout PEB
- Assist with using logon and passwords, or digital certificates
- Assist with PEB registration renewals

### Billing Customer Service

**Provider Hot Line** 1-800-848-0811 or 360-902-6500

Available Monday – Friday, 8:00 a.m. – 5:00 p.m.

- Authorize routine services for a claim
- Verify whether specific services or procedures have been authorized
- Answer general questions about billing procedures and claim status
- Explain EOB codes, why bills denied, or are pending
- Verify number of bills "in process"
- Verify warrant amounts
- Verify an inpatient or outpatient authorization number
- Send a priority message to claims staff or bill payment staff, where additional research or authorization needed

**IVR – Interactive Voice Response** 1-800-831-5227 (Claim related detail)

Available Monday – Friday, 6:00 a.m. – 7:00 p.m.
What information is available:

- Claim Numbers
- Diagnoses
- Procedures
- Drug Restrictions
- Basic status information

What you need:

- Touch-tone telephone
- Your provider number
- Claim number or patient's Social Security Number
- Date of Injury

Additional information is available regarding this automated service by calling the Provider Hot Line.

**Qualis Health** (Inpatient and Outpatient Authorizations)
1-800-541-2894
1-206-366-3360 local number
1-877-665-0383 toll-free fax

Available 7:00 a.m. – 5:00 p.m. Pacific Time
You must request authorization at least five days prior to elective admissions and procedures, and within 24 hours after emergent admissions or procedures. Providers can also leave a phone or fax message requesting a review anytime during non-business hours and weekends. For more information about this program, see Provider Bulletin 02-04.

**Provider Information**

**Washington State Dept. of Labor and Industries web site: http://www.lni.wa.gov/**

**Health Services Analysis web site: http://www.lni.wa.gov/ClaimsIns/Providers/default.asp**
Access to provider information i.e., Provider Bulletins and Updates, Medical Aid Rules and Fee Schedules, Warrant Schedule, etc.

## L&I Specific Business Rules and Limitations to EDI ASC X12N Transactions

### EDI Transaction Submission and Responses

Although an exempt entity, Labor and Industries will accept and process the submission of the following HIPAA transactions:

- EDI 837 Institutional (004010X096/A1)
- EDI 837 Professional (004010X098/A1)
- EDI 837 Dental (004010X097/A1)

Responses to the above transactions include:

- TA1 Interchange Acknowledgement
- 997 Functional Acknowledgement
- 835 Payment/Advice (004010X091/A1)

In addition, Labor and Industries will generate a 277 Unsolicited Receipt Acknowledgement and Pended Notice (003070X070), although not required or supported by HIPAA. This response allows the department to continue communicating on bills "in process" to the provider community.

**Interchange Control Header (ISA)** – For the purpose of identification and corresponding TA1 generation, the department requires the ISA05, ISA06, ISA07 and ISA08 fields to be formatted as follows:

ISA05 (Interchange Sender ID Qualifier): Value "ZZ".
ISA06 (Interchange Sender ID): Your 7-digit Department of Labor and Industries assigned provider account number authorized for electronic file submission. Note: do not truncate leading zeros.
ISA07 (Interchange Receiver ID Qualifier): Value "30".
ISA08 (Interchange Receiver ID): Value "916001069".

Failure to follow the above requirement will result in the department rejecting your submission. This also affects the department's ability to generate the correct routing for the TA1; therefore, no TA1 response will be generated.

**Functional Group Header (GS)** – For the purpose of identification and corresponding 997 generation, the department requires the GS02 and GS03 fields to be formatted as follows:

GS02 (Application Sender Code): Your 7-digit Department of Labor and Industries assigned provider account number authorized for electronic file submission. Note: do not truncate leading zeros.
GS03 (Application Receiver Code): Value "916001069".

Failure to follow the above requirement will result in the department rejecting your submission. This also affects the department's ability to generate the correct routing for the 997; therefore, no 997 response will be generated.

**837 Loop 1000A Submitter Name (GS)** – For the purpose of identification and corresponding 277 (3070) unsolicited acknowledgment generation, the department requires the NM108 and NM109 fields to be formatted as follows:

> NM108 (Identification Code Qualifier): Value "46"
> NM109 (Identification Code): Your 7-digit Department of Labor and Industries assigned provider account number authorized for electronic file submission.
>
> Failure to follow the above requirement will result in the department's ability to generate the correct routing for the 277 unsolicited acknowledgements; therefore, no 277 unsolicited acknowledgement response will be generated.

**Interchange Acknowledgement (TA1)** – The TA1 acknowledges the reception of an X12 interchange header and trailer from a previous interchange. If the header/trailer pair was received correctly, the TA1 reflects the valid interchange, regardless of the validity of the contents of the data included inside the header and trailer. The TA1 is generated on request as indicated by field ISA14 in the interchange control header. The department will generate this response upon successful file transmission.

**Functional Acknowledgement (997)** – The 997 acknowledges the format/syntax of a functional group and associated transaction sets. A 997 acknowledgement will be generated for each functional group in the interchange. The department will generate this response upon successful file transmission and valid interchange.

**Unsolicited Claim Status (277 - Acknowledgement)** – The 277 unsolicited acknowledgement is generated as a secondary response to an orginal file that acknowledges the acceptance or rejection by the department's Medical Information and Payment System (MIPS). This response is routed to the provider number (original sender) authorized for electronic file submission located in the 837 Loop 1000A NM1 segment. The department will generate this response on an overnight basis Monday through Friday. The response will include acknowledgements for all 837 Institutional, Professional and Dental submissions received prior to adjudication processing.

The purpose of this response is to notify the submitter in a timely manner the rejection of a billing from the department's adjudication system. This may enable the provider to make the necessary corrections and re-submit the billing prior to the payment cut-off.

**Unsolicited Claim Status (277 – Pended Notice)** – The 277 unsolicited pended notice is generated as a response that identifies all billings that are still in process in the department's Medical Information and Payment System (MIPS). This response is routed to the designated provider number to receive the 835 remittance advice. The department will generate this response during payment processing (bi-weekly).

**Remittance Advice (835)** – The department is generating the 835 as an electronic remittance advice and notification only, not for an electronic payment. Warrants will continue to be mailed along with hardcopy remittance advice to all designated payees. The 835 will be available to the designated recipient on the 2-week payment cycle. It will provide a list of all finalized bills (paid and denied) for the provider within the current payment cycle. The 277u Pended Notice will provide a complete list of all bills pending at the time of payment.

**L&I Provider Number** – The department will continue to require the submission of the 7-digit Department of Labor and Industries assigned provider number. This number is to be communicated to the department in the Provider Secondary Identification segments. The qualifier value of "X5" in field

REF01 should be used when available in the 837 Implementation Guide (IG) specifications to identify provider number as an L&I provider number. This qualifier value is consistent in the IG for the 837 Institution and Professional. In the 837 Dental, the qualifier values of the secondary identification are inconsistent in the usage of the value "X5". Where the value "X5" is not available the value "G2" should be used.

The Provider Secondary Identification segment should be submitted when communicating the Billing Provider, Pay-To Provider, Rendering Provider, and Referring Provider numbers in the 837 Institutional, Professional and Dental.

**L&I Claim Number** – For identification of the injured worker, the department requires the submission of the Department of Labor and Industries assigned claim number. This number may be communicated to the department in either the Subscriber Information or Propriety and Casualty Claim Number segments. When submitted in the Subscriber Information segment, the 7-digit claim number should be communicated in the field SBR03. When the Propriety and Casualty Claim Number segment is submitted, it will override the value communicated in SBR03.

**L&I Service Line Limitations** – The department will accept up to and including 99 line items for 837 Institutional billings. 837 Institutional transactions submitted with more than 99 line items will be rejected. The department will accept up to and including 50 line items for 837 Professional and Dental billings. 837 Professional and Dental billings submitted with more than 50 line items will be rejected.

**L&I Units of Service Limitations –** The department's maximum Units of Service are as follows for each format:
837 Institutional – 9,999,999
837 Professional – 9,999
837 Dental – 9,999
All units submitted beyond these maximums will be truncated within the Medical Information and Payment System (MIPS).

**Local Codes**
In many cases, the department has converted local codes to using standard CPT coding or HCPCS. Where the agency continues to use Local Codes specific to Workers Compensation, you may submit them by including the 'ZZ' qualifier within the EDI 837 transaction. Refer to Provider Bulletin 02-08 for Local Code conversions and the current version of Medical Aid Rules and Fee Schedule. Note: the 835 addenda will return the 'ER' qualifier where a Local Code is indicated.

**Revenue Codes**
Effective December 15, 2003 L&I accepts 4-digit revenue codes. Current valid 3-digit revenue codes may be submitted with a leading zero.

**DME Services**
Submission of both SV1 and SV5 segments will be required for DME services.

**Explanation of Benefits (EOB)** – L&I EOB's will continue to appear on providers' paper remittance advice and these will be mailed even when providers/submitters are receiving an ASC X12N 835 Remittance Advice. The L&I EOB's have also been cross-walked to 'the best fit' HIPAA Adjustment Reason Codes, and in some cases the Remittance Advice Remarks Codes. These are the codes, which

will be transmitted in the 835 Remittance Advice. Providers may need to refer to their hardcopy RA's for additional clarification of EOB's, since L&I EOBs are more specific in many cases.

**Remarks – Use of NTE Segments in Loops 2300 and 2400**

***Unnecessary remarks entered in the NTE segments can cause delay in the payment of bills.*** The L&I system suspends any bill which contains data/remarks in the NTE segments, so that it may be manually adjudicated. **Do not** enter Remarks such as routine procedure or diagnosis code descriptions, diagnostic study results, requests for authorization, or authorizing authority. **Do not** enter remarks such as "Work", L&I Claim Number, "On Job Injury", or OJT. These will all delay bills processing unnecessarily.

**Do** enter remarks for procedure codes referencing an unlisted service. **Do** enter remarks for procedure code modifiers -22 or -99. There may be other appropriate entries for Remarks. If you have questions regarding the appropriate submission for Remarks, please contact the Provider Hotline at 1-800-848-0811.

**Adjustments**

Currently we will not be utilizing the adjustment capability within the 837 transactions. All adjustments to billings will continue to be accepted only on the paper Provider's Request for Adjustment form #F245-183-000. However, the 835 Remittance Advice will report any finalized adjustments along with other bills.

**Payment cycle cutoff schedule**

The Labor and Industries payment cycle for medical bills is every two weeks with a cutoff on Friday of that week. The cutoff for electronic bills is every other Tuesday, so that these bills are given priority for any manual adjudication by the end of the payment cycle.

To view the Warrant Schedule go to the Labor and Industries provider information web link:
**http://www.lni.wa.gov/ClaimsIns/Providers/Billing/PayStatus/default.asp**

## L&I Mapping to Transactions

The columns in the attached mapping can be understood as follows:

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|

**Page #** - refers to the page number of the corresponding ASC X12N Implementation Guide.

**Seg./Field ID/Field Name** – refers to the Implementation Guide segments and data elements within segments. Field Names will also include any L&I specific requirements for use of these data elements.

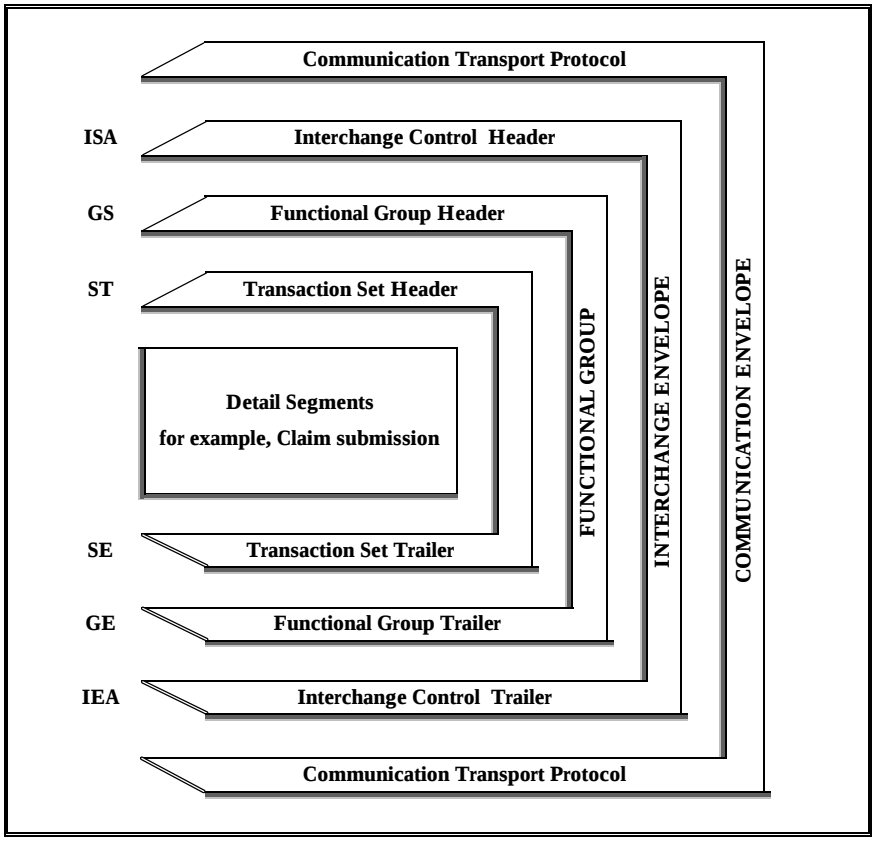
**Sample Data and Recommended Values** – this provides examples of data and qualifiers that are either required or dependent on usage per the ASC X12N Implementation Guide and L&I requirements. **[R]** indicates the exact data value must be supplied in this field.

**Usage** – refers to the ASC X12N Implementation Guides requirements and L&I requirements for that Loop within your transaction. R = Required, S = Situational.

**Example** – is the Electronic Data Interchange (EDI) display of the segment(s) with the sample billing data provided in the Loop above.

# 837 Professional

The HIPAA requirements for communication of professional billing to the Department of Labor and Industries are listed below. These requirements adhere to the definitions set forth in the EDI ASC X12. The diagram represents an overview of the interchange control and transaction structure. The details of this structure can be found in Appendix A – ASC X12 Nomenclature of the Professional Health Care Claim 004010X098 Implementation Guide. In addition, refer to the Addenda for updates to this version.




The **Interchange Control Header (ISA)** is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange.

The purpose of the ISA is to start and identify an interchange of zero or more functional groups and interchange-related control segments.

| Interchange Control Header | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append B** | **ISA** | **Interchange Control Header** | | **R** |
| B.3 | ISA01 | Authorization Information Qualifier | 00 **[R]** | R |
| B.3 | ISA02 | Authorization Information | | R |
| B.4 | ISA03 | Security Information Qualifier | 00 **[R]** | R |
| B.4 | ISA04 | Security Information | | R |
| B.4 | ISA05 | Interchange ID Qualifier (Sender): *Mutually Defined* | ZZ **[R]** | R |
| B.4 | ISA06 | Interchange Sender ID:<br>*Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission.* | 1234567 | R |
| B.4 | ISA07 | Interchange ID Qualifier (Receiver): *U.S. Federal TIN* | 30 **[R]** | R |
| B.5 | ISA08 | Interchange Receiver ID:<br>*Washington State Department of Labor and Industries Federal Tax Identification Number* | 916001069 **[R]** | R |
| B.5 | ISA09 | Interchange Date *(YYMMDD)* | 030101 | R |
| B.5 | ISA10 | Interchange Time *(HHMM)* | 1800 | R |
| B.5 | ISA11 | Interchange Control Standards Identifier | U **[R]** | R |
| B.5 | ISA12 | Interchange Control Version Number | 00401 **[R]** | R |
| B.5 | ISA13 | Interchange Control Number | 000000001 | R |
| B.6 | ISA14 | Acknowledgement Requested:<br>*"0" – Not Requested*<br>*"1" - Requested* | 1 | R |
| B.6 | ISA15 | Usage Indicator:<br>*"P" – Production*<br>*"T" – Test* | P | R |
| B.6 | ISA16 | Component Element Separator: | : | R |

Example:

**ISA*00*.....*00*.....*ZZ*1234567.....*30*916001069.....*030101*1800*U*00401*000000001*1*P*:~**

*The "." in the above example represent character position within a field. In an actual transmission the "." within the above ISA example would be replaced with spaces.*

The purpose of the **Interchange Control Trailer (IEA)** is to end an interchange of zero or more functional groups and interchange-related control segments.

| Interchange Control Trailer | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append** | **IEA** | **Interchange Control Trailer** | | **R** |
| B.7 | IEA01 | Number of Included Functional Groups | 00001 | R |
| B.7 | IEA02 | Interchange Control Number | 000000001 | R |

Example:

**IEA*1*000000001~**

The purpose of the **Functional Group Header (GS)** is to indicate the beginning of a functional group and to provide control information.

GS fields utilized by the Department of Labor and Industries for the purpose of interchange identification are ***bolded*** below.

| Functional Group Header | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append B** | **GS** | **Functional Group Header** | | **R** |
| B.8 | GS01 | Functional Identifier Code:<br>*Health Care Claim (837)* | HC **[R]** | R |
| B.8 | GS02 | Application Sender Code:<br>*Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission.* | 1234567 | R |
| B.8 | GS03 | Application Receiver Code:<br>*Washington State Department of Labor and Industries Federal Tax Identification Number* | 916001069 **[R]** | R |
| B.8 | GS04 | Date *(CCYYMMDD)* | 20030101 | R |
| B.8 | GS05 | Time *(HHMM)* | 1800 | R |
| B.9 | GS06 | Group Control Number: | 000000101 | R |
| B.9 | GS07 | Responsible Agency Code:<br>*Accredited Standards Committee X12* | X **[R]** | R |
| B.9<br><br>Addenda pg. 86 | GS08 | Version / Release / Industry Identifier Code:<br>*"04010X098" – Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in the implementation guide.*<br>*"04010X098A1" –Addenda to the X12N 004010X098 Implementation Guide published in May 2000.* | 004010X098A1 **[R]** | R |

Example:
**GS*HC*1234567*916001069*20030101*1800*101*X*004010X098A1~**

The purpose of the **Functional Group Trailer (GE)** is to end the functional group and to provide control information.

| Functional Group Trailer | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append B** | **GE** | **Functional Group Trailer** | | **R** |
| B.10 | GE01 | Number of Transaction Sets included | 000001 | R |
| B.10 | GE02 | Group Control Number | 000000101 | R |

Example:
**GE*1*101~**

The diagram lists the ASC X12 837 Professional Health Care Claim (004010X098A1) transaction set detail segments that will be utilized by the Department of Labor and Industries Workers' Compensation Medical Information and Payment System (MIPS). The system will extract fields from the segments below for the purpose of claim/billing adjudication, payment and corresponding communication. Segments and fields not utilized by the department are excluded from this companion guide. However, the department will not reject transactions, which include segments and loops that are not utilized by the agency. Page references have been provided to the corresponding Implementation Guide for further detail.

## Header

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|
| **62** | **ST** | **Transaction Set Header** | | **R** |
| | ST01 | Transaction Set Identifier: | 837 **[R]** | |
| | ST02 | Transaction Set Control Number: | 000000001 | |
| **63** | **BHT** | **Reconciliation Information**<br>Beginning of Hierarchical Transaction | | **R** |
| | BHT01 | Hierarchical Structure Code | 0019 **[R]** | |
| | BHT02 | Transaction Set Purpose: *Original* | 00 **[R]** | |
| | BHT03 | Originator Application Transaction Identifier | 1234 | |
| | BHT04 | Transaction Set Creation Date (CCMMDDYY) | 20030101 | |
| | BHT05 | Transaction Set Creation Time | 1800 | |
| | BHT06 | Claim or Encounter Identifier: *Chargeable* | CH **[R]** | |
| **66** | **REF** | **Transmission Type Identification** | | **R** |
| | REF01 | Reference Identification Qualifier: *Functional Category* | 87 **[R]** | |
| **Addend a pg. 13** | REF02 | Transmission Type Code: *Professional* | 004010X098A1 **[R]** | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **1** | **ST*837*000000001~** |
| **2** | **BHT*0019*00*1234*20030101*1800*CH~** |
| **3** | **REF*87*004010X098A1~** |

**LOOP ID - 1000A SUBMITTER NAME**

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|
| **67** | **NM1** | **Submitter Name** | | **R** |
| | NM101 | Entity Identifier: *Submitter* | 41 **[R]** | |
| | NM102 | Entity Type Qualifier: *Non-person entity* | 2 | |
| | NM103 | Submitter Organization: | COMMUNITY BILLING SERVICES | |
| | NM108 | Identification Code Qualifier: *ETIN* | 46 **[R]** | |
| | NM109 | Submitter Identifier (ETIN):<br>*Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission.* | 1234567 | |
| **71** | **PER** | **Submitter EDI Contact Information** | | **R** |
| | PER01 | Contact Function Code: *Information Contact* | IC **[R]** | |
| | PER02 | Submitter Contact Name: | BILL SMITH | |
| | PER03 | Communication Number Qualifier: *Telephone* | TE | |
| | PER04 | Submitter Contact Phone: | 360-123-4567 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **4** | **NM1*41*2*COMMUNITY BILLING SERVICES*****46*1234567~** |
| **5** | **PER*IC*BILL SMITH*TE*3601234567~** |

### LOOP ID - 1000B RECEIVER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|
| **74** | **NM1** | **Receiver Name** | | **R** |
| | NM101 | Entity Identifier: *Receiver* | 40 **[R]** | |
| | NM102 | Entity Type Qualifier: *Non-person entity* | 2 **[R]** | |
| | NM103 | Receiver Name: | WA ST DEPT OF LABOR & INDUSTRIES **[R]** | |
| | NM108 | Identification Code Qualifier: *ETIN* | 46 **[R]** | |
| | NM109 | Receiver Identifier (ETIN): *Washington State Department of Labor and Industries Federal Tax Identification Number.* | 916001069 **[R]** | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **6** | **NM1*40*2*WA ST DEPT OF LABOR & INDUSTRIES*****46*916001069~** |

## Detail, Billing / Pay-to Provider Hierarchical Level

### LOOP ID – 2000A BILLING / PAY-TO PROVIDER HIERARCHICAL LEVEL

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|
| **77** | **HL** | **Hierarchical Level Billing / Pay-To Provider** | | **R** |
| | HL01 | Hierarchical ID Number | 1 | |
| | HL03 | Hierarchical Level Code: *Information Source* | 20 **[R]** | |
| | HL04 | Hierarchical Child Code | 1 **[R]** | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **7** | **HL*1**20*1~** |

### LOOP ID - 2010AA BILLING PROVIDER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|
| **84** | **NM1** | **Billing Provider Name** | | **R** |
| | NM101 | Entity Code Identifier: *Billing Provider* | 85 **[R]** | |
| | NM102 | Entity Type Qualifier: *Non-person Entity* | 2 | |
| | NM103 | Billing Provider Last or Organizational Name: | COMMUNITY CLINIC | |
| | NM108 | Identification Code Qualifier: *Employers ID Number* | 24 | |
| | NM109 | Billing Provider Identifier: *Federal Tax Identification Number.* | 1234567890 | |
| **88** | **N3** | **Billing Provider Address** | | **R** |
| | N301 | Billing Provider Address: | 123 WATERS ST | |
| **89** | **N4** | **Billing Provider City / State / Zip Code** | | **R** |
| | N401 | Billing Provider City: | OLYMPIA | |
| | N402 | Billing Provider State: | WA | |
| | N403 | Billing Provider Zip: | 98555 | |
| **91** | **REF** | **Billing Provider Secondary ID** | | **R** |
| | REF01 | Reference Identification Qualifier: *State Industrial Accident Provider Number* | X5 **[R]** | |
| | REF02 | Billing Provider Secondary ID: *Your Washington State Department of Labor and Industries assigned 7-digit provider account number.* | 0012340 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **8** | **NM1*85*2*COMMUNITY CLINIC*****24*1234567890~** |
| **9** | **N3*123 WATERS ST~** |
| **10** | **N4*OLYMPIA*WA*98555~** |
| **11** | **REF*X5*0012340~** |

### LOOP ID - 2010AB PAY-TO PROVIDER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|
| **99** | | Pay-To Provider Name Loop<br>*This data is required if the Pay-To Provider is a different entity than the Billing Provider.* | | **S** |

## Detail, Subscriber Hierarchical Level

### LOOP ID - 2000B SUBSCRIBER HIERARCHICAL LEVEL

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|
| **108** | **HL** | **Hierarchical Level - Subscriber** | | **R** |
| | HL01 | Hierarchical ID Number | 2 | |
| | HL02 | Hierarchical Parent ID Number | 1 | |
| | HL03 | Hierarchical Level Code: *Subscriber* | 22 **[R]** | |
| | HL04 | Hierarchical Child Code | 0 | |
| **110** | **SBR** | **Subscriber Information**<br>*Insured/Patient information* | | **R** |
| | SBR01 | Payer Responsibility Sequence Number Code:<br>*"P" – Primary* | P **[R]** | |
| | SBR02 | Patient Relationship to Insured:<br>*"18" – Self* | 18 **[R]** | |
| | SBR03 | Insured Group or Policy Number:<br>*Washington State Department of Labor and Industries 7-character assigned Claim Number.* | H010101 | |
| | SBR09 | Claim Filing Indicator: *"WC" – Workers' Compensation Health Claim* | WC **[R]** | |
| **114** | **PAT** | **Patient Information**<br>*This segment will be required for L&I bills since the subscriber will always be the patient, although it will rarely contain data for Worker's Compensation bills.* | | **S** |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **12** | **HL*2*1*22*0~** |
| **13** | **SBR*P*18*H010101******WC~** |
| **14** | **PAT*****~** |

## LOOP ID - 2010BA SUBSCRIBER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|
| **117** | **NM1** | **Subscriber Name:**<br>*The patient will be the same person as the insured for Washington State Department of Labor and Industries Workers' Compensation.* | | **R** |
| | NM101 | Entity Identifier Code: *Subscriber* | IL **[R]** | |
| | NM102 | Entity Type Qualifier: *Person* | 1 **[R]** | |
| | NM103 | Subscriber Last Name: | DAVIS | |
| | NM104 | Subscriber First Name: | RICK | |
| | NM105 | Subscriber Middle Name: | R | |
| **Addenda pg. 17** | NM108 | Identification Code Qualifier: *Member ID Number* | MI **[R]** | |
| | NM109 | Subscriber Primary Identifier: *Washington State Department of Labor and Industries 7-character assigned Claim Number.* | H010101 | |
| **121** | **N3** | **Subscriber Address** | | **S** |
| | N301 | Subscriber Address: | PO BOX 123 | |
| **122** | **N4** | **Subscriber City/State/ZIP Code** | | **S** |
| | N401 | Subscriber City: | OLYMPIA | |
| | N402 | Subscriber State: | WA | |
| | N403 | Subscriber Zip: | 98555 | |
| **124** | **DMG** | **Subscriber Demographic Information** | | **S** |
| | DMG01 | Date Qualifier: | D8 **[R]** | |
| | DMG02 | Subscriber Birth Date: (CCYYMMDD) | 19500101 | |
| | DMG03 | Subscriber Gender Code: | M | |
| **126** | **REF** | **Subscriber Secondary Identification** | | **R** |
| | REF01 | Reference ID Qualifier: *Member ID#* | SY **[R]** | |
| | REF02 | Reference Identification: *Social Security Number (SSN)* | 444118888 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **15** | **NM1*IL*1*DAVIS*RICK*R***MI*H010101~** |
| **16** | **N3*PO BOX 123~** |
| **17** | **N4*OLYMPIA*WA*98555~** |
| **18** | **DMG*D8*19500101*M~** |
| **19** | **REF*SY*444118888~** |

## LOOP ID - 2010BB PAYER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|
| **130** | **NM1** | **Payer Name** | | **R** |
| | NM101 | Entity Identifier Code: *Payer* | PR **[R]** | |
| | NM102 | Entity Type Qualifier: *Non-person Entity* | 2 **[R]** | |
| | NM103 | Payer Last or Organization Name: | WA ST DEPT OF LABOR & INDUSTRIES **[R]** | |
| | NM108 | Identification Code Qualifier: *Payer ID* | PI **[R]** | |
| | NM109 | Payer Identifier (ETIN):<br>*Washington State Department of Labor and Industries Federal Tax Identification Number.* | 916001069 **[R]** | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **20** | **NM1*PR*2*WA ST DEPT OF LABOR & INDUSTRIES*****PI*916001069~** |

## Detail, Patient Hierarchical Level

### LOOP ID - 2000C PATIENT HIERARCHICAL LEVEL

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|
| **154** | **PAT** | **Patient Information (not used)**<br>*The patient will be the same person as the insured for Washington State Department of Labor and Industries Workers' Compensation therefore; this hierarchical level and associated segments should be omitted.* | | |

### LOOP ID - 2300 CLAIM INFORMATION

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|
| **170** | **CLM** | **Claim Information** | | **R** |
| | CLM01 | Patient Account Number: | 987654321012 | |
| | CLM02 | Total Claim Charge | 79.25 | |
| | CLM05-1 | Facility Code Value: *Place of Service* | 11 | |
| | CLM05-3 | Claim Frequency Code: *Original* | 1 **[R]** | |
| | CLM06 | Provider or Supplier Signature:<br>*"Y" – Provider signature is on file* | Y **[R]** | |
| | CLM07 | Provider Accept Assignment Code: *Assigned* | A **[R]** | |
| | CLM08 | Assignment of Benefits Indicator:<br>*"Y" – Insured or authorized person authorizes benefits to be assigned to the provider.* | Y **[R]** | |
| | CLM09 | Release of Information Code:<br>*"Y" – Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim.* | Y **[R]** | |
| | CLM11-1 | Related Causes Code: *Employment* | EM **[R]** | R |
| **194** | **DTP** | **Date – Accident: *Injury Date*** | | **R** |
| | DTP01 | Date Qualifier: *Accident* | 439 | |
| | DTP02 | Date Format Qualifier: | D8 | |
| | DTP03 | Date: *CCYYMMDD* | 20021020 | S |
| **227** | **REF** | **Prior Authorization or Referral Number** | | S |
| | REF01 | Reference ID Qualifier | G1 **[R]** | |
| | REF02 | Prior Authorization Number | | |
| **241** | **REF** | **Medical Record Number (optional)** | | **S** |
| | REF01 | Reference ID Qualifier: *Medical Record ID Number* | EA | |
| | REF02 | Reference ID: *Medical Record Number* | | |
| **246** | **NTE** | **Claim Note** | | **S** |
| | NTE01 | Note Reference Code: *Additional Information* | ADD | |
| | NTE02 | Claim Note Text (bill level remarks) | | |
| **265** | **HI** | **Health Care Diagnosis Code** | | **S** |
| | HI01-1 | Code List Qualifier: *Principal Dx* | BK **[R]** | |
| | HI01-2 | Principal Diagnosis Code: | 724.1 | |
| | HI02-1 | Code List Qualifier: *Dx* | BF **[R]** | |
| | HI02-2 | Other Diagnosis Codes: | 821.0 | |
| | HI03-1 | Code List Qualifier: *Dx* | BF | |
| | HI03-2 | Other Diagnosis Codes: | | |
| | HI04-1 | Code List Qualifier: *Dx* | BF | |
| | HI04-2 | Other Diagnosis Codes: | | |
| | HI05-1 | Code List Qualifier: *Dx* | BF | |
| | HI05-2 | Other Diagnosis Codes: | | |
| | HI06-1 | Code List Qualifier: *Dx* | BF | |
| | HI06-2 | Other Diagnosis Codes: | | |
| | HI07-1 | Code List Qualifier: *Dx* | BF | |
| | HI07-2 | Other Diagnosis Codes: | | |
| | HI08-1 | Code List Qualifier : Dx | BF | |
| | HI08-2 | Other Diagnosis Codes : | | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **21** | **CLM*987654321012*79.25*11::1*Y*A*Y*Y**EM ~** |
| **22** | **DTP*439*D8*20021020~** |
| **23** | **HI*BK:724.1*BF:821.0~** |

## LOOP ID - 2310A REFERRING PROVIDER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|
| **282** | **NM1** | **Referring Provider Name** | | **S** |
| | NM101 | Entity Identifier Code: *Referring Provider* | DN **[R]** | |
| | NM102 | Entity Type Qualifier: *Person* | 1 | |
| | NM103 | Referring Provider Last or Organization Name: | JONES | |
| | NM104 | Referring Provider First Name: | SALLY | |
| | NM105 | Referring Provider Middle Name: | A | |
| | NM108 | Identification Code Qualifier: *SSN*<br>*(24) Employer Identification Number, (34) Social Security Number* | 34 | |
| | NM109 | Referring Provider Identifier: | 555116666 | |
| **285** | **PRV** | **Referring Provider Specialty Information** | | **S** |
| **Addenda pg. 40** | PRV01 | Provider Code: *Referring* | RF **[R]** | |
| | PRV02 | Reference ID Qualifier: *Mutually Defined* | ZZ **[R]** | |
| | PRV03 | Referring Provider Specialty Information: *Provider Taxonomy Code* | 225100000X | |
| **288** | **REF** | **Referring Provider Secondary Identification** | | **S** |
| | REF01 | Reference ID Qualifier: *State Industrial Accident Provider Number* | X5 **[R]** | |
| | REF02 | Referring Provider Secondary ID:<br>*The physicians Washington State Department of Labor and Industries assigned 7-digit provider account number (if available).* | 0012345 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **24** | **NM1*DN*1*JONES*SALLY*A***34*555116666~** |
| **25** | **PRV*RF*ZZ*225100000X~** |
| **26** | **REF*X5*0012345~** |

## LOOP ID - 2310B RENDERING PROVIDER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|
| **290** | **NM1** | **Rendering Provider Name (required when different than billing provider number)** | | **S** |
| | NM101 | Entity Identifier Code: *Rendering Provider* | 82 **[R]** | |
| | NM102 | Entity Type Qualifier: *Person* | 1 | |
| | NM103 | Rendering Provider Last or Organization Name: | WHITE | |
| | NM104 | Rendering Provider First Name: | LARRY | |
| | NM105 | Rendering Provider Middle Name: | | |
| | NM108 | Identification Code Qualifier: *EIN*<br>*(24) Employer Identification Number, (34) Social Security Number* | 24 | |
| | NM109 | Rendering Provider Identifier: | 567891012345 | |
| **293** | **PRV** | **Rendering Provider Specialty Information** | | **S** |
| **Addenda pg.41** | PRV01 | Provider Code: *Performing* | PE **[R]** | |
| | PRV02 | Reference ID Qualifier: *Mutually Defined* | ZZ **[R]** | |
| | PRV03 | Rendering Provider Specialty Information: *Provider Taxonomy Code* | 225100000X | |
| **296** | **REF** | **Rendering Provider Secondary Identification** | | **S** |
| | REF01 | Reference Identification Qualifier: *State Industrial Accident Provider Number* | X5 **[R]** | |
| | REF02 | Rendering Provider Secondary ID:<br>*The physicians Washington State Department of Labor and Industries assigned 7-digit provider account number (if available).* | 0023456 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **27** | **NM1*82*1*WHITE*LARRY***24*567891012345~** |
| **28** | **PRV*PE*ZZ*225100000X~** |
| **29** | **REF*X5*0023456~** |

## LOOP ID - 2400 SERVICE LINE

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|
| **398** | **LX** | **Service Line (max. 50 occurrences)** | | **R** |
| | LX01 | Service Line Number | 1 | |
| **400** | **SV1** | **Professional Service** | | **R** |
| | | ***First Line Item*** | | |
| | SV101-1 | Service Line Procedure ID: | HC | |
| | SV101-2 | Service Line Procedure Code: | 99213 | |
| | SV101-3 | Service Line Procedure Modifier-1: | AA | |
| | SV101-4 | Service Line Procedure Modifier-2: | 25 | |
| | SV101-5 | Service Line Procedure Modifier-3: | | |
| | SV101-6 | Service Line Procedure Modifier-4: | | |
| | SV102 | Service Line Charge Amount: | 67.00 | |
| | SV103 | Basis for Measurement Code: *Unit* | UN | |
| | SV104 | Service Line Units: | 3 | |
| | SV105 | Place of Service: *Office* | 11 | |
| | SV107-1 | Diagnosis Code Pointer *(first Dx pointer only)* | 1 | |
| **Addenda pg.57** | SV109 | Emergency Indicator: *Yes or blank* | Y | |
| **Addenda pg. 58** | **SV5** | **Durable Medical Equipment Service** | | **S** |
| | SV501-1 | Product /Service ID Qualifier: HCPCS | HC **[R]** | |
| | SV501-2 | Procedure Code | | |
| | SV502 | Basis for Measurement Code: Days | DA **[R]** | |
| | SV503 | Quantity | | |
| | SV504 | DME Rental Price | | |
| | SV505 | DME Purchase Price | | |
| | SV506 | Rental Price Frequency Code: *1-weekly; 4-monthly; 6-daily* | | |
| **435** | **DTP** | **Date - Service Date** | | **R** |
| | DTP01 | Date Qualifier: *Service* | 472 **[R]** | |
| | DTP02 | Date Format Qualifier: *CCYYMMDD* | D8 | |
| | DTP03 | Service Line Date: | 20021207 | |
| **472** | **REF** | **Line Item Control Number (optional)** | | **S** |
| | REF01 | Reference ID Qualifier: *Provider Control Number* | 6R **[R]** | |
| | REF02 | Reference ID: | | |
| **488** | **NTE** | **Line Note** | | **S** |
| | NTE01 | Note Reference Code: *Additional Information* | ADD | |
| | NTE02 | Line Text | Line level remark | |
| | | ***Second Line Item*** | | |
| **398** | **LX** | **Service Line** | | **R** |
| | LX01 | Service Line Number | 2 | |
| **400** | **SV1** | **Professional Service** | | **R** |
| | SV101 | Service Line Procedure ID: | HC | |
| | SV101-2 | Service Line Procedure Code: | L3800 | |
| | SV101-3 | Service Line Procedure Modifier-1: | | |
| | SV101-4 | Service Line Procedure Modifier-2: | | |
| | SV101-5 | Service Line Procedure Modifier-3: | | |
| | SV101-6 | Service Line Procedure Modifier-4: | | |
| | SV102 | Service Line Charge Amount: | 12.25 | |
| | SV103 | Basis for Measurement Code: *Unit* | UN | |
| | SV104 | Service Line Units: | 3 | |
| | SV105 | Place of Service: *Office* | 11 | |
| | SV107-1 | Diagnosis Code Pointer *(first Dx pointer only)* | 2 | |
| **Addenda pg. 57** | SV109 | Emergency Indicator: *Yes or blank* | | |

| | | | | |
|---|---|---|---|---|
| **Addenda pg. 58** | **SV5** | **Durable Medical Equipment Service** | | **S** |
| | SV501-1 | Product /Service ID Qualifier: HCPCS | HC **[R]** | |
| | SV501-2 | Procedure Code | | |
| | SV502 | Basis for Measurement Code: Days | DA **[R]** | |
| | SV503 | Quantity | | |
| | SV504 | DME Rental Price | | |
| | SV505 | DME Purchase Price | | |
| | SV506 | Rental Price Frequency Code: *1-weekly; 4-monthly; 6-daily* | | |
| **435** | **DTP** | **Date - Service Date** | | **R** |
| | DTP01 | Date Qualifier: *Service* | 472 **[R]** | |
| | DTP02 | Date Format Qualifier: *CCYYMMDD* | D8 | |
| | DTP03 | Service Line Date: | 20021214 | |
| **472** | **REF** | **Line Item Control Number** | | **S** |
| | REF01 | Reference ID Qualifier: *Provider Control Number* | 6R **[R]** | |
| | REF02 | Reference ID: | | |
| **488** | **NTE** | **Line Note** | | **S** |
| | NTE01 | Note Reference Code: *Additional Information* | ADD | |
| | NTE02 | Line Text | | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **30** | **LX*1~** |
| **31** | **SV1*HC:99213:AA:25*67*UN*3*11**1**Y~** |
| **32** | **DTP*472*D8*20021207~** |
| **33** | **NTE*ADD*Line level remark~** |
| **34** | **LX*2~** |
| **35** | **SV1*HC:L3800:25*12.25*UN*3*11**2**~** |
| **36** | **DTP*472*D8*20021214~** |

# TRAILER

| PAGE # | SEG. / Field ID | FIELD NAME | Sample Data and Recommended Values | USAGE |
|---|---|---|---|---|
| **572** | **SE** | **Transaction Set Trailer** | | **R** |
| | SE01 | Number of Included Segments | 37 | |
| | SE02 | Transaction Set Control Number | 000000001 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **37** | **SE*37*000000001~** |

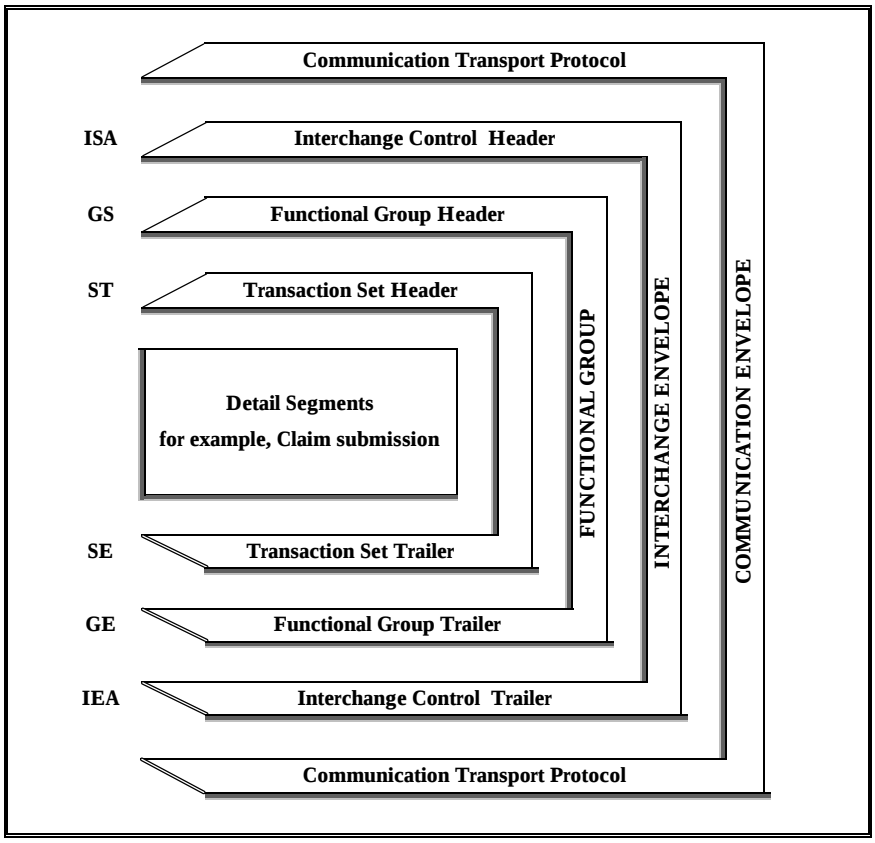
## 837 Professional EDI Sample Billing Data

This EDI data represents the previous sample billing for professional services submitted to L&I on a HCFA1500.

| Seg # | EDI Data |
|---|---|
| | ISA*00*..........*00*..........*ZZ*1234567........*30*916001069......*030101*1800*U*00401*000000001*1*P*:~ |
| | GS*HC*1234567*916001069*20030101*1800*101*X*004010X098A1~ |
| 1 | ST*837*000000001~ |
| 2 | BHT*0019*00*1234*20030101*1800*CH~ |
| 3 | REF*87*004010X098A1~ |
| 4 | NM1*41*2*COMMUNITY BILLING SERVICES*****46*1234567~ |
| 5 | PER*IC*BILL SMITH*TE*3601234567~ |
| 6 | NM1*40*2*WA ST DEPT OF LABOR & INDUSTRIES*****46*916001069~ |
| 7 | HL*1**20*1~ |
| 8 | NM1*85*2*COMMUNITY CLINIC*****24*1234567890~ |
| 9 | N3*123 WATERS ST~ |
| 10 | N4*OLYMPIA*WA*98555~ |
| 11 | REF*X5*0012340~ |
| 12 | HL*2*1*22*0~ |
| 13 | SBR*P*18*H010101******WC~ |
| 14 | PAT*****~ |
| 15 | NM1*IL*1*DAVIS*RICK*R***MI*H010101~ |
| 16 | N3*PO BOX 123~ |
| 17 | N4*OLYMPIA*WA*98555~ |
| 18 | DMG*D8*19500101*F~ |
| 19 | REF*SY*444118888~ |
| 20 | NM1*PR*2*WA ST DEPT OF LABOR & INDUSTRIES*****PI*916001069~ |
| 21 | CLM*987654321012*79.25*11::1*Y*A*Y*Y**EM ~ |
| 22 | DTP*439*D8*20021020~ |
| 23 | HI*BK:724.1*BF:724.1*BF:821.0~ |
| 24 | NM1*DN*1*JONES*SALLY*A***34*555116666~ |
| 25 | PRV*RF*ZZ*225100000X~ |
| 26 | REF*X5*0012345~ |
| 27 | NM1*82*1*WHITE*LARRY***24*567891012345~ |
| 28 | PRV*PE*ZZ*225100000X~ |
| 29 | REF*X5*0023456~ |
| 30 | LX*1~ |
| 31 | SV1*HC:99213:AA:25*67*UN*3*11**1**Y~ |
| 32 | DTP*472*D8*20021207~ |
| 33 | NTE*ADD*Line level remark~ |
| 34 | LX*2~ |
| 35 | SV1*HC:L3800:25*12.25*UN*3*11**2**~ |
| 36 | DTP*472*D8*20021214~ |
| 37 | SE*37*000000001~ |
| | GE*1*101~ |
| | IEA*1*000000001~ |

# 837 Dental

The HIPAA requirements for communication of dental billing to the Washington State Department of Labor and Industries are listed below. These requirements adhere to the definitions set forth in the EDI ASC X12. The diagram represents an overview of the interchange control and transaction structure. The details of this structure can be found in Appendix A – ASC X12 Nomenclature of the Dental Health Care Claim 004010X097 Implementation Guide. In addition, refer to the Addenda for updates to this version.




The **Interchange Control Header (ISA)** is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange.

The purpose of the ISA is to start and identify an interchange of zero or more functional groups and interchange-related control segments.

ISA fields utilized by the Washington State Department of Labor and Industries (Workers' Compensation) for the purpose of interchange identification are ***bolded*** below.

| Interchange Control Header | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG. / FIELD ID** | **FIELD NAME** | **SAMPLE L&I DATA** | **USAGE** |
| **Append B** | **ISA** | **Interchange Control Header** | | **R** |
| B.3 | ISA01 | Authorization Information Qualifier | 00 **[R]** | R |
| B.3 | ISA02 | Authorization Information | | R |
| B.4 | ISA03 | Security Information Qualifier | 00 **[R]** | R |
| B.4 | ISA04 | Security Information | | R |
| B.4 | ISA05 | **Interchange ID Qualifier (Sender):** ***Mutually Defined*** | ZZ **[R]** | R |
| B.4 | ISA06 | **Interchange Sender ID:** ***Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission.*** | 1234567 | R |
| B.4 | ISA07 | **Interchange ID Qualifier (Receiver):** ***U.S. Federal TIN*** | 30 **[R]** | R |
| B.5 | ISA08 | **Interchange Receiver ID:** ***Washington State Department of Labor and Industries Federal Tax Identification Number*** | 916001069 **[R]** | R |
| B.5 | ISA09 | Interchange Date *(YYMMDD)* | 030101 | R |
| B.5 | ISA10 | Interchange Time *(HHMM)* | 1800 | R |
| B.5 | ISA11 | Interchange Control Standards Identifier | U **[R]** | R |
| B.5 | ISA12 | Interchange Control Version Number | 00401 **[R]** | R |
| B.5 | ISA13 | Interchange Control Number | 000000001 | R |
| B.6 | ISA14 | Acknowledgement Requested:<br>*"0" – Not Requested*<br>*"1" - Requested* | 1 | R |
| B.6 | ISA15 | Usage Indicator:<br>*"P" – Production*<br>*"T" – Test* | P | R |
| B.6 | ISA16 | Component Element Separator: | : | R |

Example:
**ISA*00*.....*00*.....*ZZ*1234567.....*30*916001069.....*030101*1800*U*00401*000000001*1*P*:~**
*The "." in the above example represent character position within a field. In an actual transmission the "." within the above ISA example would be replaced with spaces.*

The purpose of the **Interchange Control Trailer (IEA)** is to end an interchange of zero or more functional groups and interchange-related control segments.

| Interchange Control Trailer | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG. / FIELD ID** | **FIELD NAME** | **SAMPLE L&I DATA** | **USAGE** |
| **Append** | **IEA** | **Interchange Control Trailer** | | **R** |
| B.7 | IEA01 | Number of Included Functional Groups | 00001 | R |
| B.7 | IEA02 | Interchange Control Number | 000000001 | R |

Example:
**IEA*1*000000001~**

The purpose of the **Functional Group Header (GS)** is to indicate the beginning of a functional group and to provider control information.

GS fields utilized by the Washington State Department of Labor and Industries (Workers' Compensation) for the purpose of interchange identification are ***bolded*** below.

| Functional Group Header | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE L&I DATA** | **USAGE** |
| **Append B** | **GS** | **Functional Group Header** | | **R** |
| B.8 | GS01 | Functional Identifier Code:<br>***Health Care Claim (837)*** | HC **[R]** | R |
| B.8 | GS02 | **Application Sender Code:**<br>***Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission.*** | 1234567 | R |
| B.8 | GS03 | **Application Receiver Code:**<br>***Washington State Department of Labor and Industries Federal Tax Identification Number*** | 916001069 **[R]** | R |
| B.8 | GS04 | Date *(CCYYMMDD)* | 20030101 | R |
| B.8 | GS05 | Time *(HHMM)* | 1800 | R |
| B.9 | GS06 | Group Control Number: | 000000101 | R |
| B.9 | GS07 | Responsible Agency Code:<br>*Accredited Standards Committee X12* | X **[R]** | R |
| B.9<br><br>Addenda pg. 48 | GS08 | Version/Release/Industry Identifier Code:<br>*"04010X097" – Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in the implementation guide.*<br>*"04010X097A1" –Addenda to the X12N 004010X097 Implementation Guide published in May 2000.* | 004010X097A1 **[R]** | R |

Example:
**GS*HC*1234567*916001069*20030101*1800*101*X*004010X097A1~**

The purpose of the **Functional Group Trailer (GE)** is to end the functional group and to provide control information.

| Functional Group Trailer | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE L&I DATA** | **USAGE** |
| **Append B** | **GE** | **Functional Group Trailer** | | **R** |
| B.10 | GE01 | Number of Transaction Sets included | 000001 | R |
| B.10 | GE02 | Group Control Number | 000000101 | R |

Example:
**GE*1*101~**

The diagram lists the ASC X12 837 Dental Health Care Claim (004010X097A1) transaction set detail segments that will be utilized by the Washington State Department of Labor and Industries Workers' Compensation Medical Information and Payment System (MIPS). The system will extract fields from the segments below for the purpose of claim/billing adjudication, payment and corresponding communication. Segments and fields not utilized by the department are excluded from this companion guide. The department will not reject transactions, which include segments and loops that are not utilized by the agency. Page references have been provided to the corresponding Implementation Guide for further detail.

## Header

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **53** | **ST** | **Transaction Set Header** | | **R** |
| | ST01 | Transaction Set Identifier: | 837 **[R]** | |
| | ST02 | Transaction Set Control Number: | 000000001 | |
| **54** | **BHT** | **Reconciliation Information**<br>Beginning of Hierarchical Transaction | | **R** |
| | BHT01 | Hierarchical Structure Code | 0019 **[R]** | |
| | BHT02 | Transaction Set Purpose: *Original* | 00 **[R]** | |
| | BHT03 | Originator Application Transaction Identifier | 1234 | |
| | BHT04 | Transaction Set Creation Date (CCMMDDYY) | 20030101 | |
| | BHT05 | Transaction Set Creation Time | 1800 | |
| | BHT06 | Claim or Encounter Identifier: *Chargeable* | CH **[R]** | |
| **57** | **REF** | **Transmission Type Identification** | | **R** |
| | REF01 | Reference Identification Qualifier: *Functional Category* | 87 **[R]** | |
| **Addenda pg. 11** | REF02 | Transmission Type Code: *Dental*: | 004010X097A1 **[R]** | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **1** | **ST*837*0001~** |
| **2** | **BHT*0019*00*1234*20030101*1800*CH~** |
| **3** | **REF*87*004010X097A1~** |

### LOOP ID - 1000A SUBMITTER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **59** | **NM1** | **Submitter Name** | | **R** |
| | NM101 | Entity Identifier: *Submitter* | 41 **[R]** | |
| | NM102 | Entity Type Qualifier: *Non-person entity* | 2 | |
| | NM103 | Submitter Organization: | COMMUNITY BILLING SERVICES | |
| | NM108 | Identfication Code Qualifier: *ETIN* | 46**[R]** | |
| | NM109 | Submitter Identifier (ETIN):<br>*Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission.* | 1234567 | |
| **63** | **PER** | **Submitter EDI Contact Information** | | **R** |
| | PER01 | Contact Function Code: *Information Contact* | IC **[R]** | |
| | PER02 | Submitter Contact Name: | BILL SMITH | |
| | PER03 | Communication Number Qualifier: *Telephone* | TE | |
| | PER04 | Submitter Contact Phone: | 360-123-4567 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **4** | **NM1*41*2*COMMUNITY BILLING SERVICES*****46*1234567~** |
| **5** | **PER*IC*BILL SMITH*TE*3601234567~** |

### LOOP ID - 1000B RECEIVER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **66** | **NM1** | **Receiver Name** | | **R** |
| | NM101 | Entity Identifier: *Receiver* | 40 **[R]** | |
| | NM102 | Entity Type Qualifier: *Non-person entity* | 2 **[R]** | |
| | NM103 | Receiver Name: | WA ST DEPT OF LABOR & INDUSTRIES **[R]** | |
| | NM108 | Identification Code Qualifier: *ETIN* | 46 **[R]** | |
| | NM109 | Receiver Identifier (ETIN): *Washington State Department of Labor and Industries Federal Tax Identification Number.* | 916001069 **[R]** | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **6** | **NM1*40*2*WA ST DEPT OF LABOR & INDUSTRIES*****46*916001069~** |

## Detail, Billing/Pay-to Provider Hierarchical Level

### LOOP ID – 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **69** | **HL** | **Hierarchical Level**<br>**Billing/Pay-To Provider**<br>Billing/Pay-to Provider Hierarchical Level | | **R** |
| | HL01 | Hierarchical ID Number | 1 | |
| | HL03 | Hierarchical Level Code: *Information Source* | 20 **[R]** | |
| | HL04 | Hierarchical Child Code | 1 **[R]** | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **7** | **HL*1**20*1~** |

### LOOP ID - 2010AA BILLING PROVIDER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **76** | **NM1** | | | **R** |
| | NM101 | Entity Code Identifier: *Billing Provider* | 85 **[R]** | |
| | NM102 | Entity Type Qualifier: *Non-person Entity* | 2 | |
| | NM103 | Billing Provider Last or Organizational Name: | DENTAL CLINIC | |
| | NM108 | Identification Code Qualifier: *Employers ID Number* | 24 | |
| | NM109 | Billing Provider Identifier: *Federal Tax Identification Number.* | 1234567890 | |
| **80** | **N3** | | | **R** |
| | N301 | Billing Provider Address: | 123 MAIN ST | |
| **81** | **N4** | | | **R** |
| | N401 | Billing Provider City: | OLYMPIA | |
| | N402 | Billing Provider State: | WA | |
| | N403 | Billing Provider Zip: | 98555 | |
| **84** | **REF** | | | **R** |
| | REF01 | Reference Identification Qualifier: *Provider Commercial Number* | G2 **[R]** | |
| | REF02 | Billing Provider Secondary ID: *Washington State Dept of Labor and Industries assigned 7-digit provider account number.* | 0012340 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **8** | **NM1*85*2*DENTAL CLINIC*****24*1234567890~** |
| **9** | **N3*123 MAIN ST~** |
| **10** | **N4*OLYMPIA*WA*98555~** |
| **11** | **REF*G2*12340~** |

### LOOP ID - 2010AB PAY-TO PROVIDER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **87** | | Pay-To Provider Name Loop<br>*This data is required if the Pay-To Provider is a different entity than the Billing Provider.* | | **S** |

## Detail, Subscriber Hierarchical Level

### LOOP ID - 2000B SUBSCRIBER HIERARCHICAL LEVEL

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **96** | **HL** | **Hierarchical Level - Subscriber** | | **R** |
| | HL01 | Hierarchical ID Number | 2 | |
| | HL02 | Hierarchical Parent ID Number | 1 | |
| | HL03 | Hierarchical Level Code: *Subscriber* | 22 **[R]** | |
| | HL04 | Hierarchical Child Code | 0 | |
| **99** | **SBR** | Subscriber Information<br>*Insured/Patient information* | | **R** |
| | SBR01 | Payer Responsibility Sequence Number Code:<br>*"P" – Primary* | P **[R]** | |
| | SBR02 | Patient Relationship to Insured:<br>*"18" – Self* | 18 **[R]** | |
| | SBR03 | Insured Group or Policy Number:<br>*Washington State Department of Labor and Industries 7-character assigned Claim Number.* | H010101 | |
| | SBR06 | Coordination of Benefits Code: *No Coordination of Benefits* | 6 **[R]** | |
| | SBR09 | Claim Filing Indicator: *"WC" – Workers' Compensation Health Claim* | WC **[R]** | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **12** | **HL*2*1*22*0~** |
| **13** | **SBR*P*18*H010101***6***WC~** |

### LOOP ID - 2010BA SUBSCRIBER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **103** | **NM1** | **Subscriber Name:**<br>*The patient will be the same person as the insured for Washington State Department of Labor and Industries Workers' Compensation.* | | **R** |
| | NM101 | Entity Identifier Code: *Subscriber* | IL **[R]** | |
| | NM102 | Entity Type Qualifier: *Person* | 1 **[R]** | |
| | NM103 | Subscriber Last Name: | DAVIS | |
| | NM104 | Subscriber First Name: | RICK | |
| | NM105 | Subscriber Middle Name: | R | |
| | NM108 | Identification Code Qualifier: *Member ID Number* | MI **[R]** | |
| | NM109 | Subscriber Primary Identifier: *Washington State Department of Labor and Industries 7-character assigned Claim Number.* | H010101 | |
| **108** | **N3** | **Subscriber Address** | | **S** |
| | N301 | Subscriber Address: | PO BOX 123 | |
| **109** | **N4** | **Subscriber City/State/ZIP Code** | | **S** |
| | N401 | Subscriber City: | OLYMPIA | |
| | N402 | Subscriber State: | WA | |
| | N403 | Subscriber Zip: | 98555 | |
| **111** | **DMG** | **Subscriber Demographic Information** | | **S** |
| | DMG01 | Date Qualifier: | D8 **[R]** | |
| | DMG02 | Subscriber Birth Date: (CCYYMMDD) | 19500101 | |
| | DMG03 | Subscriber Gender Code: | M | |
| **113** | **REF** | **Subscriber Secondary Identification** | | **R** |
| | REF01 | Reference ID Qualifier: *Social Security Number* | SY **[R]** | |
| | REF02 | Reference Identification: *Social Security Number (SSN)* | 444118888 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| 14 | **NM1*IL*1*DAVIS*RICK*R***MI*H010101~** |
| 15 | **N3*PO BOX 123~** |
| 16 | **N4*OLYMPIA*WA*98555~** |
| 17 | **DMG*D8*19500101*M~** |
| 18 | **REF*SY*444118888~** |

### LOOP ID - 2010BB PAYER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **117** | **NM1** | **Payer Name** | | **R** |
| | NM101 | Entity Identifier Code: *Payer* | PR **[R]** | |
| | NM102 | Entity Type Qualifier: *Non-person Entity* | 2 **[R]** | |
| | NM103 | Payer Last or Organization Name: | WA ST DEPT OF LABOR & INDUSTRIES **[R]** | |
| | NM108 | Identification Code Qualifier: *Payor ID* | PI **[R]** | |
| | NM109 | Payer Identifier (ETIN):<br>*Washington State Department of Labor and Industries Federal Tax Identification Number.* | 916001069 **[R]** | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| 19 | **NM1*PR*2*WA ST DEPT OF LABOR & INDUSTRIES*****PI*916001069~** |

## Detail, Patient Hierarchical Level

### LOOP ID - 2000C PATIENT HIERARCHICAL LEVEL

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **132** | **PAT** | **Patient Information (not used)**<br>*The patient will be the same person as the insured for Washington State Department of Labor and Industries Workers' Compensation therefore; this hierarchical level and associated segments should be omitted.* | | |

### LOOP ID - 2300 CLAIM INFORMATION

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **149** | **CLM** | **Claim Information** | | **R** |
| | CLM01 | Patient Account Number: | 987654321012 | |
| | CLM02 | Total Claim Charge | 180.00 | |
| | CLM05-1 | Facility Code Value: *Place of Service* | 11 | |
| | CLM05-3 | Claim Frequency Code: *Original* | 1 **[R]** | |
| | CLM06 | Provider or Supplier Signature:<br>*"Y" – Provider signature is on file* | Y **[R]** | |
| | CLM08 | Assignment of Benefits Indicator:<br>*"Y" – Insured or authorized person authorizes benefits to be assigned to the provider.* | Y **[R]** | |
| | CLM09 | Release of Information Code:<br>*"Y" – Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim.* | Y **[R]** | |
| | CLM11-1 | Related Causes Code: *Employment* | EM **[R]** | R |
| **161** | **DTP** | **Date – Accident: *Injury Date*** | | **R** |
| | DTP01 | Date Qualifier: *Accident* | 439 **[R]** | |
| | DTP02 | Date Format Qualifier: | D8 **[R]** | |
| | DTP03 | Date: *CCYYMMDD* | 20021020 | S |

| | | | | |
|---|---|---|---|---|
| **164** | **DTP** | **Date - Service** | | S |
| | DTP01 | Date Qualifier | 374 **[R]** | |
| | DTP02 | Date Format Qualifier: *CCYYMMDD* | D8 **[R]** | |
| | DTP03 | Date of Service | 20021020 | |
| **185** | **NTE** | **Claim Note** | | **S** |
| | NTE01 | Note Reference Code: *Additional Information* | ADD | |
| | NTE02 | Claim Note Text (bill level remarks) | Bill level remarks | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **20** | **CLM*987654321012*180*11::1*Y**Y*Y**EM~** |
| **21** | **DTP*439*D8*20021020~** |
| **22** | **NTE*ADD*BILL LEVEL REMARKS~** |

## LOOP ID - 2310A REFERRING PROVIDER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **187** | **NM1** | **Referring Provider Name** | | **S** |
| | NM101 | Entity Identifier Code: *Referring Provider* | DN **[R]** | |
| | NM102 | Entity Type Qualifier: *Person* | 1 **[R]** | |
| | NM103 | Referring Provider Last or Organization Name: | JONES | |
| | NM104 | Referrring Provider First Name: | SALLY | |
| | NM105 | Referring Provider Middle Name: | A | |
| | NM108 | Identification Code Qualifier: *SSN* | 34 | |
| | NM109 | Referring Provider Identifier: *(24) Employer Identification Number, (34) Social Security Number* | 555116666 | |
| **190** | **PRV** | **Referring Provider Specialty Information** | | **S** |
| **Addenda pg. 18** | PRV01 | Provider Code: *Referring* | RF **[R]** | |
| | PRV02 | Reference ID Qualifier: *Mutually Defined* | ZZ **[R]** | |
| | PRV03 | Referring Provider Specialty Information: *Provider Taxonomy Code* | 1223G0001X | |
| **193** | **REF** | | | **S** |
| | REF01 | Reference Identification Qualifier: *Provider Commercial Number* | G2 **[R]** | |
| | REF02 | Referring Provider Secondary ID: *Washington State Dept of Labor and Industries assigned 7-digit provider account number* | 0012345 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **23** | **NM1*DN*1*JONES*SALLY*A***34*555116666~** |
| **24** | **PRV*RF*ZZ*1223G0001X~** |
| **25** | **REF*G2*12345~** |

## LOOP ID - 2310B RENDERING PROVIDER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **195** | **NM1** | **Rendering Provider Name** | | **S** |
| | NM101 | Entity Identifier Code: *Rendering Provider* | 82 **[R]** | |
| | NM102 | Entity Type Qualifier: *Person* | 1 **[R]** | |
| | NM103 | Rendering Provider Last or Organization Name: | WHITE | |
| | NM104 | Rendering Provider First Name: | LARRY | |
| | NM105 | Rendering Provider Middle Name: | | |
| | NM108 | Identification Code Qualifier: *EIN* | 24 | |
| | NM109 | Rendering Provider Identifier: *(24) Employer Identification Number, (34) Social Security Number* | 567891012345 | |
| **198** | **PRV** | **Rendering Provider Specialty Information** | | **S** |
| **Addenda pg. 19** | PRV01 | Provider Code: *Performing* | PE **[R]** | |
| | PRV02 | Reference ID Qualifier: *Mutually Defined* | ZZ **[R]** | |
| | PRV03 | Rendering Provider Specialty Information: *Provider Taxonomy Code* | 1223G0001X | |

| | | | | |
|---|---|---|---|---|
| **198** | **REF** | | | **S** |
| | REF01 | Reference Identification Qualifier: *Provider Commercial Number* | G2 **[R]** | |
| | REF02 | Rendering Provider Secondary ID: *Washington State Dept of Labor and Industries assigned 7-digit provider account number* | 0012340 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **26** | **NM1*82*1*WHITE*LARRY***24*567891012345~** |
| **27** | **PRV*PE*ZZ*1223G0001X~** |
| **28** | **REF*G2*12340~** |

## LOOP ID - 2400 SERVICE LINE

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| | | ***First Line Item*** | | |
| **265** | **LX** | **Line Counter (max. 50 occurrences)** | | **R** |
| | LX01 | Service Line Number | 1 | |
| **266** | **SV3** | **Dental Service** | | **R** |
| | SV301-1 | Service Line Procedure ID: *American Dental Association Codes* | AD **[R]** | |
| | SV301-2 | Service Line Procedure Code: | D0120 | |
| | SV301-3 | Service Line Procedure Modifier-1: | | |
| | SV301-4 | Service Line Procedure Modifier-2: | | |
| | SV301-5 | Service Line Procedure Modifier-3: | | |
| | SV301-6 | Service Line Procedure Modifier-4: | | |
| | SV302 | Service Line Charge Amount: | 40.00 | |
| | SV303 | Facility Code Value: *Office* | 11 | |
| | SV306 | Quantity | 1 | |
| **271** | **TOO** | **Tooth Information** | | **S** |
| | TOO01 | Code List Qualifier: *National Standard* | JP **[R]** | |
| | TOO02 | Tooth Number | | |
| **273 & Addenda pg. 32** | **DTP** | **Date - Service Date** | | **S** |
| | DTP01 | Date Qualifier: *Service* | 472 **[R]** | |
| | DTP02 | Date Format Qualifier: *CCYYMMDD* | D8 **[R]** | |
| | DTP03 | Service Line Date: | 20021020 | |
| **285** | **REF** | **Line Item Control Number (optional)** | | **S** |
| | REF01 | Reference ID Qualifier: *Provider Control Number* | 6R **[R]** | |
| | REF02 | Reference ID: | 00001 | |
| **288** | **NTE** | **Line Note** | | **S** |
| | NTE01 | Note Reference Code: *Additional Information* | ADD **[R]** | |
| | NTE02 | Line Text | Line level remark | |
| | | ***Second Line Item*** | | |
| **265** | **LX** | **Line Counter (max. 50 occurrences)** | | **R** |
| | LX01 | Service Line Number | 2 | |
| **266** | **SV3** | **Dental Service** | | **R** |
| | SV301-1 | Service Line Procedure ID: *American Dental Association Codes* | AD **[R]** | |
| | SV301-2 | Service Line Procedure Code: | D0330 | |
| | SV301-3 | Service Line Procedure Modifier-1: | | |
| | SV301-4 | Service Line Procedure Modifier-2: | | |
| | SV301-5 | Service Line Procedure Modifier-3: | | |
| | SV301-6 | Service Line Procedure Modifier-4: | | |
| | SV302 | Service Line Charge Amount: | 40.00 | |
| | SV303 | Facility Code Value: *Office* | 11 | |
| | SV306 | Quantity | 1 | |
| **271** | **TOO** | **Tooth Information** | | **S** |
| | TOO01 | Code List Qualifier: *National Standard* | JP **[R]** | |
| | TOO02 | Tooth Number | | |
| **273 & Addenda pg. 32** | **DTP** | **Date - Service Date** | | **S** |
| | DTP01 | Date Qualifier: *Service* | 472 **[R]** | |
| | DTP02 | Date Format Qualifier: *CCYYMMDD* | D8 **[R]** | |
| | DTP03 | Service Line Date: | 20021020 | |
| **285** | **REF** | **Line Item Control Number (optional)** | | **S** |
| | REF01 | Reference ID Qualifier: *Provider Control Number* | 6R **[R]** | |
| | REF02 | Reference ID: | 00002 | |

| | | | | |
|---|---|---|---|---|
| **288** | **NTE** | **Line Note** | | **S** |
| | NTE01 | Note Reference Code: *Additional Information* | ADD **[R]** | |
| | NTE02 | Line Text | | |
| | | ***Third Line Item*** | | |
| **265** | **LX** | **Line Counter (max. 50 occurrences)** | | **R** |
| | LX01 | Service Line Number | 3 | |
| **266** | **SV3** | **Dental Service** | | **R** |
| | SV301-1 | Service Line Procedure ID: *American Dental Association Codes* | AD **[R]** | |
| | SV301-2 | Service Line Procedure Code: | D7110 | |
| | SV301-3 | Service Line Procedure Modifier-1: | | |
| | SV301-4 | Service Line Procedure Modifier-2: | | |
| | SV301-5 | Service Line Procedure Modifier-3: | | |
| | SV301-6 | Service Line Procedure Modifier-4: | | |
| | SV302 | Service Line Charge Amount: | 100.00 | |
| | SV303 | Facility Code Value: *Office* | 11 | |
| | SV306 | Quantity | 1 | |
| **271** | **TOO** | **Tooth Information** | | **S** |
| | TOO01 | Code List Qualifier: *National Standard* | JP **[R]** | |
| | TOO02 | Tooth Number | 9 | |
| **273 & Addenda pg. 32** | **DTP** | **Date - Service Date** | | **S** |
| | DTP01 | Date Qualifier: *Service* | 472 **[R]** | |
| | DTP02 | Date Format Qualifier: *CCYYMMDD* | D8 **[R]** | |
| | DTP03 | Service Line Date: | 20021020 | |
| **285** | **REF** | **Line Item Control Number (optional)** | | **S** |
| | REF01 | Reference ID Qualifier: *Provider Control Number* | 6R **[R]** | |
| | REF02 | Reference ID: | 00003 | |
| **288** | **NTE** | **Line Note** | | **S** |
| | NTE01 | Note Reference Code: *Additional Information* | ADD **[R]** | |
| | NTE02 | Line Text | | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **29** | **LX*1~** |
| **30** | **SV3*AD:D0120*40*11*1~** |
| **31** | **DTP*472*D8*20021020~** |
| **32** | **REF*6R*00001~** |
| **33** | **NTE*ADD*Line level remark~** |
| **34** | **LX*2~** |
| **35** | **SV3*AD:D0330*40*11*1~** |
| **36** | **DTP*472*D8*20021020~** |
| **37** | **REF*6R*000002~** |
| **38** | **LX*3~** |
| **39** | **SV3*AD*D7110*100*11*1~** |
| **40** | **TOO*JP*9~** |
| **41** | **DTP*472*D8*20021020~** |
| **42** | **REF*6R*00003~** |

## Trailer

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **572** | **SE** | **Transaction Set Trailer** | | **R** |
| | SE01 | Number of Included Segments | 40 | |
| | SE02 | Transaction Set Control Number | 000000001 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **43** | **SE*43*0001~** |

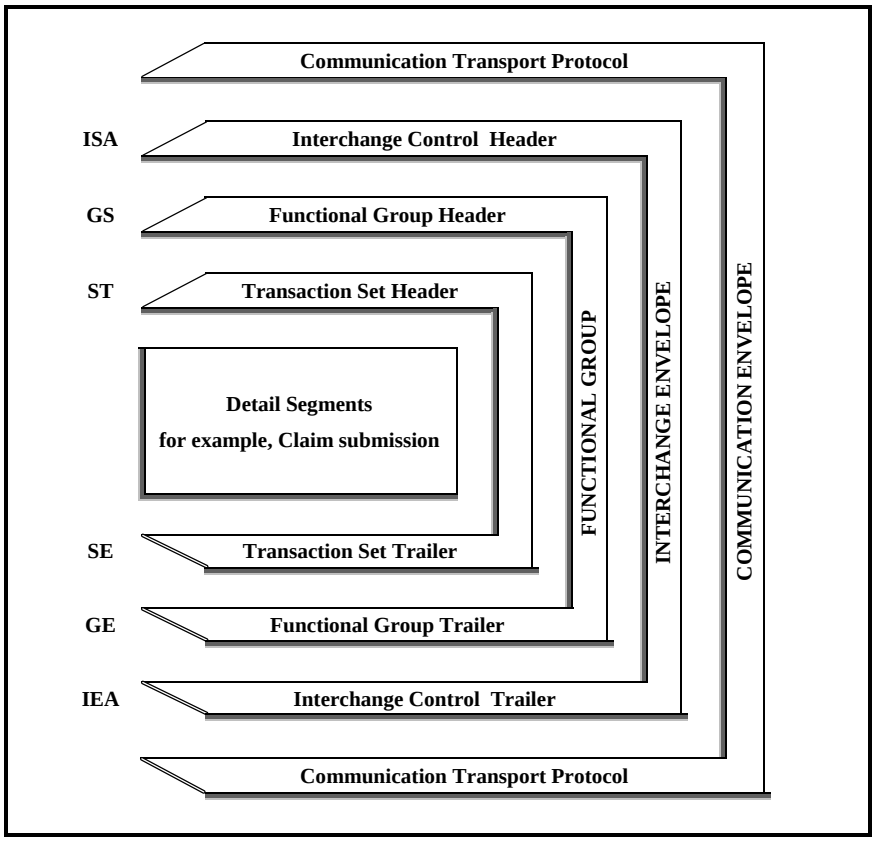
## 837 Dental EDI Sample Billing Data

This 837 EDI data represents the previous sample billing for Dental services submitted to L&I on a Statement for Miscellaneous Services.

| Seg # | EDI Data |
|---|---|
| | **ISA*00*.....*00*.....*ZZ*1234567.....*30*916001069.....*030101*1800*U*00401*000000001*1*P*:~** |
| | **GS*HC*1234567*916001069*20030101*1800*101*X*004010X097A1~** |
| 1 | **ST*837*0001~** |
| 2 | **BHT*0019*00*1234*20030101*1800*CH~** |
| 3 | **REF*87*004010X097A1~** |
| 4 | **NM1*41*2*COMMUNITY BILLING SERVICES*****46*1234567~** |
| 5 | **PER*IC*BILL SMITH*TE*3601234567~** |
| 6 | **NM1*40*2*WA ST DEPT OF LABOR & INDUSTRIES*****46*916001069~** |
| 7 | **HL*1**20*1~** |
| 8 | **NM1*85*2*DENTAL CLINIC*****24*1234567890~** |
| 9 | **N3*123 MAIN ST~** |
| 10 | **N4*OLYMPIA*WA*98555~** |
| 11 | **REF*G2*12340~** |
| 12 | **HL*2*1*22*0~** |
| 13 | **SBR*P*18*H010101***6***WC~** |
| 14 | **NM1*IL*1*DAVIS*RICK*R***MI*H010101~** |
| 15 | **N3*PO BOX 123~** |
| 16 | **N4*OLYMPIA*WA*98555~** |
| 17 | **DMG*D8*19500101*M~** |
| 18 | **REF*SY*444118888~** |
| 19 | **NM1*PR*2*WA ST DEPT OF LABOR & INDUSTRIES*****PI*916001069~** |
| 20 | **CLM*987654321012*180*11::1*Y**Y*Y**EM~** |
| 21 | **DTP*439*D8*20021020~** |
| 22 | **NTE*ADD*BILL LEVEL REMARKS~** |
| 23 | **NM1*DN*1*JONES*SALLY*A***34*555116666~** |
| 24 | **PRV*RF*ZZ*1223G0001X~** |
| 25 | **REF*G2*12345~** |
| 26 | **NM1*82*1*WHITE*LARRY***24*567891012345~** |
| 27 | **PRV*PE*ZZ*1223G0001X~** |
| 28 | **REF*G2*12340~** |
| 29 | **LX*1~** |
| 30 | **SV3*AD:D0120*40*11*1~** |
| 31 | **DTP*472*D8*20021020~** |
| 32 | **REF*6R*00001~** |
| 33 | **NTE*ADD*Line level remark~** |
| 34 | **LX*2~** |
| 35 | **SV3*AD:D0330*40*11*1~** |
| 36 | **DTP*472*D8*20021020~** |
| 37 | **REF*6R*000002~** |
| 38 | **LX*3~** |
| 39 | **SV3*AD*D7110*100*11*1~** |
| 40 | **TOO*JP*9~** |
| 41 | **DTP*472*D8*20021020~** |
| 42 | **REF*6R*00003~** |
| 43 | **SE*43*0001~** |
| | **GE*1*101~** |
| | **IEA*1*000000001~** |

# 837 Institutional

The HIPAA requirements for communication of institutional billing to the Washington State Department of Labor and Industries are listed below. These requirements adhere to the definitions set forth in the EDI ASC X12. The diagram represents an overview of the interchange control and transaction structure. The details of this structure can be found in Appendix A – ASC X12 Nomenclature of the Institutional Health Care Claim 004010X096 Implementation Guide. In addition, refer to the Addenda for updates to this version.




The **Interchange Control Header (ISA)** is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange.

The purpose of the ISA is to start and identify an interchange of zero or more functional groups and interchange-related control segments.

ISA fields utilized by the Washington State Department of Labor and Industries (Workers' Compensation) for the purpose of interchange identification are ***bolded*** below.

| Interchange Control Header | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE L&I DATA** | **USAGE** |
| **Append B** | **ISA** | **Interchange Control Header** | | **R** |
| B.3 | ISA01 | Authorization Information Qualifier | 00 **[R]** | R |
| B.3 | ISA02 | Authorization Information | | R |
| B.4 | ISA03 | Security Information Qualifier | 00 **[R]** | R |
| B.4 | ISA04 | Security Information | | R |
| B.4 | ISA05 | **Interchange ID Qualifier (Sender):** ***Mutually Defined*** | ZZ **[R]** | R |
| B.4 | ISA06 | **Interchange Sender ID:** ***Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission.*** | 1234567 | R |
| B.4 | ISA07 | **Interchange ID Qualifier (Receiver):** ***U.S. Federal TIN*** | 30 **[R]** | R |
| B.5 | ISA08 | **Interchange Receiver ID:** ***Washington State Department of Labor and Industries Federal Tax Identification Number*** | 916001069 **[R]** | R |
| B.5 | ISA09 | Interchange Date *(YYMMDD)* | 030101 | R |
| B.5 | ISA10 | Interchange Time *(HHMM)* | 1800 | R |
| B.5 | ISA11 | Interchange Control Standards Identifier | U **[R]** | R |
| B.5 | ISA12 | Interchange Control Version Number | 00401 **[R]** | R |
| B.5 | ISA13 | Interchange Control Number | 000000001 | R |
| B.6 | ISA14 | Acknowledgement Requested:<br>*"0" – Not Requested*<br>*"1" - Requested* | 1 | R |
| B.6 | ISA15 | Usage Indicator:<br>*"P" – Production*<br>*"T" – Test* | P | R |
| B.6 | ISA16 | Component Element Separator: | : | R |

Example:

**ISA*00*.....*00*.....*ZZ*1234567.....*30*916001069.....*030101*1800*U*00401*000000001*1*P*:~**

*The "." in the above example represent character position within a field. In an actual transmission the "." within the above ISA example would be replaced with spaces.*

The purpose of the **Interchange Control Trailer (IEA)** is to end an interchange of zero or more functional groups and interchange-related control segments.

| Interchange Control Trailer | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE L&I DATA** | **USAGE** |
| **Append** | **IEA** | **Interchange Control Trailer** | | **R** |
| B.7 | IEA01 | Number of Included Functional Groups | 00001 | R |
| B.7 | IEA02 | Interchange Control Number | 000000001 | R |

Example:

**IEA*1*000000001~**

The purpose of the **Functional Group Header (GS)** is to indicate the beginning of a functional group and to provider control information.

GS fields utilized by the Washington State Department of Labor and Industries (Workers' Compensation) for the purpose of interchange identification are ***bolded*** below.

| Functional Group Header | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE L&I DATA** | **USAGE** |
| **Append B** | **GS** | **Functional Group Header** | | **R** |
| B.8 | GS01 | Functional Identifier Code:<br>***Health Care Claim (837)*** | HC **[R]** | R |
| B.8 | GS02 | **Application Sender Code:**<br>***Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission.*** | 1234567 | R |
| B.8 | GS03 | **Application Receiver Code:**<br>***Washington State Department of Labor and Industries Federal Tax Identification Number*** | 916001069 **[R]** | R |
| B.8 | GS04 | Date *(CCYYMMDD)* | 20030101 | R |
| B.8 | GS05 | Time *(HHMM)* | 1800 | R |
| B.9 | GS06 | Group Control Number: | 000000101 | R |
| B.9 | GS07 | Responsible Agency Code:<br>*Accredited Standards Committee X12* | X **[R]** | R |
| B.9<br><br>Addenda pg. 49 | GS08 | Version/Release/Industry Identifier Code:<br>*"04010X096" – Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in the implementation guide.*<br>*"04010X096A1" –Addenda to the X12N 004010X096 Implementation Guide published in May 2000.* | 004010X096A1 **[R]** | R |

Example:
**GS*HC*1234567*916001069*20030101*1800*101*X*004010X096A1~**

The purpose of the **Functional Group Trailer (GE)** is to end the functional group and to provide control information.

| Functional Group Trailer | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE L&I DATA** | **USAGE** |
| **Append B** | **GE** | **Functional Group Trailer** | | **R** |
| B.10 | GE01 | Number of Transaction Sets included | 000001 | R |
| B.10 | GE02 | Group Control Number | 000000101 | R |

Example:
**GE*1*101~**

The diagram lists the ASC X12 837 Institutional Health Care Claim 004010X096A1 transaction set detail segments that will be utilized by the Washington State Department of Labor and Industries Workers' Compensation Medical Information and Payment System (MIPS). The system will extract fields from the segments below for the purpose of claim/billing adjudication, payment and corresponding communication. Segments and fields not utilized by the department are excluded from this companion guide. The department will not reject transactions, which include segments and loops that are not utilized by the agency. Page references have been provided to the corresponding Implementation Guide for further detail.

## Header

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **56** | **ST** | **Transaction Set Header** | | **R** |
| | ST01 | Transaction Set Identifier: | 837 **[R]** | |
| | ST02 | Transaction Set Control Number: | 000000001 | |
| **57** | **BHT** | **Reconciliation Information**<br>Beginning of Hierarchical Transaction | | **R** |
| | BHT01 | Hierarchical Structure Code | 0019 **[R]** | |
| | BHT02 | Transaction Set Purpose: *Original* | 00 **[R]** | |
| | BHT03 | Originator Application Transaction Identifier | 1234 | |
| | BHT04 | Transaction Set Creation Date (CCMMDDYY) | 20030101 | |
| | BHT05 | Transaction Set Creation Time | 1800 | |
| | BHT06 | Claim or Encounter Identifier: *Chargeable* | CH **[R]** | |
| **60** | **REF** | **Transmission Type Identification** | | **R** |
| | REF01 | Reference Identification Qualifier: *Functional Category* | 87 **[R]** | |
| **Addenda pg. 11** | REF02 | Transmission Type Code: *Institutional* | 004010X096A1 **[R]** | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **1** | **ST*837*0001~** |
| **2** | **BHT*0019*00*1234*20030101*1800*CH~** |
| **3** | **REF*87*004010X096A1~** |

**LOOP ID - 1000A SUBMITTER NAME**

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **61** | **NM1** | **Submitter Name** | | **R** |
| | NM101 | Entity Identifier: *Submitter* | 41 **[R]** | |
| | NM102 | Entity Type Qualifier: *Non-person entity* | 2 | |
| | NM103 | Submitter Organization: | COMMUNITY BILLING SERVICES | |
| | NM108 | Identfication Code Qualifier: *ETIN* | 46 **[R]** | |
| | NM109 | Submitter Identifier (ETIN):<br>*Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission.* | 1234567 | |
| **64** | **PER** | **Submitter EDI Contact Information** | | **R** |
| | PER01 | Contact Function Code: *Information Contact* | IC **[R]** | |
| | PER02 | Submitter Contact Name: | BILL SMITH | |
| | PER03 | Communication Number Qualifier: *Telephone* | TE | |
| | PER04 | Submitter Contact Phone: | 360-123-4567 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **4** | **NM1*41*2*COMMUNITY BILLING SERVICES*****46*1234567~** |
| **5** | **PER*IC*BILL SMITH*TE*3601234567~** |

### LOOP ID - 1000B RECEIVER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **67** | **NM1** | **Receiver Name** | | **R** |
| | NM101 | Entity Identifier: *Receiver* | 40 **[R]** | |
| | NM102 | Entity Type Qualifier: *Non-person entity* | 2 **[R]** | |
| | NM103 | Receiver Name: | WA ST DEPT OF LABOR & INDUSTRIES **[R]** | |
| | NM108 | Identification Code Qualifier: *ETIN* | 46 **[R]** | |
| | NM109 | Receiver Identifier (ETIN): *Washington State Department of Labor and Industries Federal Tax Identification Number.* | 916001069 **[R]** | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **6** | **NM1*40*2*WA ST DEPT OF LABOR & INDUSTRIES*****46*916001069~** |

## Detail, Billing/Pay-to Provider Hierarchical Level

### LOOP ID – 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **69** | **HL** | **Hierarchical Level**<br>**Billing/Pay-To Provider**<br>Billing/Pay-to Provider Hierarchical Level | | **R** |
| | HL01 | Hierarchical ID Number | 1 | |
| | HL03 | Hierarchical Level Code: *Information Source* | 20 **[R]** | |
| | HL04 | Hierarchical Child Code | 1 **[R]** | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **7** | **HL*1**20*1~** |

### LOOP ID - 2010AA BILLING PROVIDER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **76** | **NM1** | | | **R** |
| | NM101 | Entity Code Identifier: *Billing Provider* | 85 **[R]** | |
| | NM102 | Entity Type Qualifier: *Non-person Entity* | 2 | |
| | NM103 | Billing Provider Last or Organizational Name: | COMMUNITY HOSPITAL | |
| | NM108 | Identification Code Qualifier: *Employers ID Number* | 24 | |
| | NM109 | Billing Provider Identifier: *Federal Tax Identification Number.* | 1234567890 | |
| **79** | **N3** | | | **R** |
| | N301 | Billing Provider Address: | 123 MAIN ST | |
| **80** | **N4** | | | **R** |
| | N401 | Billing Provider City: | OLYMPIA | |
| | N402 | Billing Provider State: | WA | |
| | N403 | Billing Provider Zip: | 98555 | |
| **82** | **REF** | | | **R** |
| | REF01 | Reference Identification Qualifier: *State Industrial Accident Provider Number* | X5 **[R]** | |
| | REF02 | Billing Provider Secondary ID: *Your Washington State Department of Labor and Industries assigned 7-digit provider account number.* | 0012340 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **8** | **NM1*85*2*COMMUNITY HOSPITAL*****24*1234567890~** |
| **9** | **N3*123 MAIN ST~** |
| **10** | **N4*OLYMPIA*WA*98555~** |
| **11** | **REF*X5*12340~** |

**LOOP ID - 2010AB PAY-TO PROVIDER NAME**

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **91** | | Pay-To Provider Name Loop<br>*This data is required if the Pay-To Provider is a different entity than the Billing Provider.* | | **S** |

## Detail, Subscriber Hierarchical Level

**LOOP ID - 2000B SUBSCRIBER HIERARCHICAL LEVEL**

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **99** | **HL** | **Hierarchical Level - Subscriber** | | **R** |
| | HL01 | Hierarchical ID Number | 2 | |
| | HL02 | Hierarchical Parent ID Number | 1 | |
| | HL03 | Hierarchical Level Code: *Subscriber* | 22 **[R]** | |
| | HL04 | Hierarchical Child Code | 0 | |
| | **SBR** | Subscriber Information<br>*Insured/Patient information* | | **R** |
| **101** | SBR01 | Payer Responsibility Sequence Number Code:<br>*"P" – Primary* | P **[R]** | |
| | SBR02 | Patient Relationship to Insured:<br>*"18" – Self* | 18 **[R]** | |
| | SBR03 | Insured Group or Policy Number:<br>*Washington State Department of Labor and Industries 7-character assigned Claim Number.* | A123456 | |
| | SBR09 | Claim Filing Indicator: "*WC" – Workers' Compensation Health Claim* | WC **[R]** | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **12** | **HL*2*1*22*0~** |
| **13** | **SBR*P*18*A123456******WC~** |

**LOOP ID - 2010BA SUBSCRIBER NAME**

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **108** | **NM1** | **Subscriber Name:**<br>*The patient will be the same person as the insured for Washington State Department of Labor and Industries Workers' Compensation.* | | **R** |
| | NM101 | Entity Identifier Code: *Subscriber* | IL **[R]** | |
| | NM102 | Entity Type Qualifier: *Person* | 1 **[R]** | |
| | NM103 | Subscriber Last Name: | HURT | |
| | NM104 | Subscriber First Name: | JOHN | |
| | NM105 | Subscriber Middle Name: | S | |
| | NM108 | Identification Code Qualifier: *Member ID Number* | MI **[R]** | |
| | NM109 | Subscriber Primary Identifier: *Washington State Department of Labor and Industries 7-character assigned Claim Number.* | A123456 | |
| **112** | **N3** | **Subscriber Address** | | **S** |
| | N301 | Subscriber Address: | PO BOX 1234 | |
| **113** | **N4** | **Subscriber City/State/ZIP Code** | | **S** |
| | N401 | Subscriber City: | OLYMPIA | |
| | N402 | Subscriber State: | WA | |
| | N403 | Subscriber Zip: | 98555 | |
| **115** | **DMG** | **Subscriber Demographic Information** | | **S** |
| | DMG01 | Date Qualifier: | D8 **[R]** | |
| | DMG02 | Subscriber Birth Date: (CCYYMMDD) | 19610105 | |
| | DMG03 | Subscriber Gender Code: | M | |
| **117** | **REF** | **Subscriber Secondary Identification** | | **R** |
| | REF01 | Reference ID Qualifier: *Social Security Number* | SY **[R]** | |
| | REF02 | Reference ID: *Social Security Number (SSN)* | 111223333 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| 14 | **NM1*IL*1*HURT*JOHN*S***MI*A123456~** |
| 15 | **N3*PO BOX 1234~** |
| 16 | **N4*OLYMPIA*WA*98555~** |
| 17 | **DMG*D8*19610105*M~** |
| 18 | **REF*SY*111223333~** |

### LOOP ID - 2010BC PAYER NAME

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **126** | **NM1** | **Payer Name** | | **R** |
| | NM101 | Entity Identifier Code: *Payer* | PR **[R]** | |
| | NM102 | Entity Type Qualifier: *Non-person Entity* | 2 **[R]** | |
| | NM103 | Payer Last or Organization Name: | WA ST DEPT OF LABOR & INDUSTRIES **[R]** | |
| | NM108 | Identification Code Qualifier: *Payor ID* | PI **[R]** | |
| | NM109 | Payer Identifier (ETIN):<br>*Washington State Department of Labor and Industries Federal Tax Identification Number.* | 916001069 **[R]** | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| 19 | **NM1*PR*2*WA ST DEPT OF LABOR & INDUSTRIES*****PI*916001069~** |

## Detail, Patient Hierarchical Level

### LOOP ID - 2000C PATIENT HIERARCHICAL LEVEL

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **139** | **PAT** | **Patient Information (not used)**<br>*The patient will be the same person as the insured for Washington State Department of Labor and Industries Workers' Compensation therefore; this hierarchical level and associated segments should be omitted.* | | |

### LOOP ID - 2300 CLAIM INFORMATION

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **157** | **CLM** | **Claim Information** | | **R** |
| | CLM01 | Patient Account Number: | 533660009 | |
| | CLM02 | Total Claim Charge | 468.00 | |
| | CLM05-1 | Facility Code Value: *Positions 1 and 2 of Type of Bill (11-IP; 13-OP)* | 13 | |
| | CLM05-2 | Facility Code Qualifier: | A **[R]** | |
| | CLM05-3 | Claim Frequency Code: *Position 3 of Type of Bill* | 1 | |
| | CLM06 | Provider or Supplier Signature:<br>*"Y" – Provider signature is on file* | Y **[R]** | |
| | CLM08 | Assignment of Benefits Indicator:<br>*"Y" – Insured or authorized person authorizes benefits to be assigned to the provider.* | Y **[R]** | |
| | CLM09 | Release of Information Code:<br>*"Y" – Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim.* | Y **[R]** | |
| | CLM18 | Explanation of Benefits (EOB) Indicator: | Y | |
| **167** | **DTP** | **Statement Dates** | | **R** |
| | DTP01 | Date Qualifier: | 434 **[R]** | |
| | DTP02 | Date Format Qualifier: *(CCYYMMDD-CCYYMMDD)* | RD8 | |
| | DTP03 | Statement From/To Date: | 20021201-20021231 | |

| | | | | |
|---|---|---|---|---|
| **169** | **DTP** | **Admission Date/Hour** | | **S** |
| | DTP01 | Date/Time Qualifier: | 435 **[R]** | |
| | DTP02 | Date/Time Format Qualifier: *(CCYYMMDDHHMM)* | DT **[R]** | |
| | DTP03 | Admission Date/Time: | 200212011500 | |
| **171** | **CL1** | **Institutional Claim Code (Inpatient only)** | | **S** |
| | CL101 | Admission Type | 3 | |
| | CL102 | Admission Source | 1 | |
| | CL103 | Patient Status Code | 30 | |
| **198** | **REF** | **Prior Authorization Number** | | **S** |
| | REF01 | Reference Identification Qualifier: *Prior Authorization Number* | G1 **[R]** | |
| | REF02 | Reference Identification | 9876543210 | |
| **200** | **REF** | **Medical Record Number** | | **S** |
| | REF01 | Reference Identification Qualifier: | EA **[R]** | |
| | REF02 | Reference Identification: | 10315-1 | |
| **205** | **NTE** | **Claim Note** | | **S** |
| | NTE01 | Note Reference Code: *(DME, MED, UPI, etc.)* | | |
| | NTE02 | Description: (*bill level remarks)* | | |
| **208** | **NTE** | **Billing Note** | | **S** |
| | NTE01 | Note Reference Code: *Additional Information* | ADD **[R]** | |
| | NTE02 | Description: | Additional remarks | |
| **227** | **HI** | **Principal, Admitting, E-code** | | **S** |
| | HI01-1 | Code List Qualifier: *Principal Diagnosis* | BK **[R]** | |
| | HI01-2 | Principal Diagnosis Code | 7241 | |
| | HI02-1 | Code List Qualifier: *Admitting Diagnosis* | BJ **[R]** | |
| | HI02-2 | Admitting Diagnosis | 7241 | |
| | HI03-1 | Code List Qualifier: *E-code* | BN **[R]** | |
| | HI03-2 | E-Code | E8210 | |
| **232** | **HI** | **Other Diagnosis Information** | | **S** |
| | HI01-1 | Code List Qualifier: *Diagnosis* | BF **[R]** | |
| | HI01-2 | Diagnosis | | |
| | HI02-1 | Code List Qualifier: *Diagnosis* | BF | |
| | HI02-2 | Diagnosis | | |
| | HI03-1 | Code List Qualifier: *Diagnosis* | BF | |
| | HI03-2 | Diagnosis | | |
| | HI04-1 | Code List Qualifier: *Diagnosis* | BF | |
| | HI04-2 | Diagnosis | | |
| | HI05-1 | Code List Qualifier: *Diagnosis* | BF | |
| | HI05-2 | Diagnosis | | |
| | HI06-1 | Code List Qualifier: *Diagnosis* | BF | |
| | HI06-2 | Diagnosis | | |
| | HI07-1 | Code List Qualifier: *Diagnosis* | BF | |
| | HI07-2 | Diagnosis | | |
| | HI08-1 | Code List Qualifier: *Diagnosis* | BF | |
| | HI08-2 | Diagnosis | | |
| **242** | **HI** | **Principal Procedure Information** | | **S** |
| | HI01-1 | Code List Qualifier: *Principal Procedure* | BP **[R]** | |
| | HI01-2 | Principal Procedure Code | | |
| | HI01-3 | Date Format Qualifier: (CCYYMMDD) | D8 **[R]** | |
| | HI01-4 | Principal Procedure Date | | |
| **244** | **HI** | **Other Procedure Information** | | **S** |
| | HI01-1 | Code List Qualifier: *Procedure Code* | BO **[R]** | |
| | HI01-2 | Procedure Code | | |
| | HI01-3 | Date Format Qualifier: *(CCYYMMDD)* | D8 **[R]** | |
| | HI01-4 | Procedure Date | | |
| | HI02-1 | Code List Qualifier: *Procedure Code BO or BQ* | | |
| | HI02-2 | Procedure Code | | |
| | HI02-3 | Date Format Qualifier: *(CCYYMMDD)* | | |
| | HI02-4 | Procedure Date | | |
| | HI03-1 | Code List Qualifier: *Procedure Code BO or BQ* | | |
| | HI03-2 | Procedure Code | | |
| | HI03-3 | Date Format Qualifier: *(CCYYMMDD)* | | |
| | HI03-4 | Procedure Date | | |
| | HI04-1 | Code List Qualifier: *Procedure Code BO or BQ* | | |
| | HI04-2 | Procedure Code | | |
| | HI04-3 | Date Format Qualifier: *(CCYYMMDD)* | | |
| | HI04-4 | Procedure Date | | |
| | HI05-1 | Code List Qualifier: *Procedure Code BO or BQ* | | |
| | HI05-2 | Procedure Code | | |
| | HI05-3 | Date Format Qualifier: *(CCYYMMDD)* | | |
| | HI05-4 | Procedure Date | | |

| | | | | |
|---|---|---|---|---|
| **256** | **HI** | **Occurrence Span Information** | | **S** |
| | HI01-1 | Code List Qualifier: *Occurrence Span* | BI **[R]** | |
| | HI01-2 | Occurrence Span Code | | |
| | HI01-3 | Date Format Qualifier: *(CCYYMMDD-CCYYMMDD)* | RD8 **[R]** | |
| | HI01-4 | Occurrence Span Date | | |
| **267** | **HI** | **Occurrence Information** | | **S** |
| | HI01-1 | Code List Qualifier: *Occurrence* | BH **[R]** | |
| | HI01-2 | Occurrence Code: *Accident/Employment Related* | 04 **[R]** | |
| | HI01-3 | Date Qualifier: *(CCYYMMDD)* | D8 **[R]** | |
| | HI01-4 | Occurrence Date: *Injury Date* | 20021201 | |
| **290** | **HI** | **Condition Information** | | **S** |
| | HI01-1 | Code List Qualifier: *Condition* | BG **[R]** | |
| | HI01-2 | Condition Code | | |
| | HI02-1 | Code List Qualifier: *Condition* | | |
| | HI02-2 | Condition Code | | |
| | HI03-1 | Code List Qualifier: *Condition* | | |
| | HI03-2 | Condition Code | | |
| | HI04-1 | Code List Qualifier: *Condition* | | |
| | HI04-2 | Condition Code | | |
| | HI05-1 | Code List Qualifier: *Condition* | | |
| | HI05-2 | Condition Code | | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **20** | **CLM*533660009*468*13:A:1*Y**Y*********Y~** |
| **21** | **DTP*434*RD8*20021201-20021231~** |
| **22** | **DTP*435*DT*200212011500~** |
| **23** | **CL1*3*1*30~** |
| **24** | **REF*G1*9876543210~** |
| **25** | **REF*EA*10315-1~** |
| **26** | **NTE*ADD*ADDITIONAL REMARKS~** |
| **27** | **HI*BK:724.1*BJ:724.1*BN:E821.0~** |
| **28** | **HI*BH:04:D8:20021201~** |

**LOOP ID – 2310A ATTENDING PHYSICIAN NAME**

| PAGE # | SEG. / Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **321** | **NM1** | **Attending Physician Name** | | **S** |
| | NM101 | Entity Code Identifier: *Attending Physician* | 71 **[R]** | |
| | NM102 | Entity Type Qualifier: *Person* | 1 **[R]** | |
| | NM103 | Attending Physician Last Name | CARES | |
| | NM104 | Attending Physician First Name | JONATHAN | |
| | NM105 | Attending Physician Middle Name | A | |
| | NM108 | Identification Code Qualifier: *24-Employer's ID Number; 34-SSN* | 34 | |
| | NM109 | Identification Code | 333224444 | |
| **324 & Addenda pg. 21** | **PRV** | **Attending Physician Specialty** | | **S** |
| | PRV01 | Provider Code: *Attending* | AT **[R]** | |
| | PRV02 | Reference ID Qualifier: *Mutually Defined Provider Taxonomy* | ZZ **[R]** | |
| | PRV03 | Provider Taxonomy Code | 225100000X | |
| **326** | **REF** | **Attending Physician Secondary ID** | | **S** |
| | REF01 | Reference ID Qualifier: *State Industiral Accident Provider Number* | X5 **[R]** | |
| | REF02 | Reference ID: *Washington State Department of Labor and Industries assigned 7-digit provider account number.* | 0012345 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **29** | **NM1*71*1*CARES*JONATHAN*A***34*333224444~** |
| **30** | **PRV*AT*ZZ*225100000X~** |
| **31** | **REF*X5*12345~** |

## LOOP ID – 2310B OPERATING PHYSICIAN NAME

| PAGE # | SEG./ Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **328** | **NM1** | **Operating Physican Name** | | **S** |
| | NM101 | Entity Identifier Code: *Operating Physician* | 72 **[R]** | |
| | NM102 | Entity Type Qualifier: *Person* | 1 **[R]** | |
| | NM103 | Operating Physician Last Name | CARES | |
| | NM104 | Operating Physician First Name | JONATHAN | |
| | NM105 | Operating Physician Middle Name | A | |
| | NM108 | Identification Code Qualifier: *24-Employers ID Number; 34-SSN* | 34 | |
| | NM109 | Identification Code | 333224444 | |
| **333** | **REF** | **Operating Physician Secondary ID** | | **S** |
| | REF01 | Reference ID Qualifier: *State Industrial Accident Provider Number* | X5 **[R]** | |
| | REF02 | Reference ID: *Washington State Department of Labor and Industries assigned 7-digit provider account number.* | 0012345 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **32** | **NM1*72*1*CARES*JONATHAN*A***34*333224444~** |
| **33** | **REF*X5*12345~** |

## LOOP ID – 2310C OTHER PROVIDER NAME

| PAGE # | SEG./ Field ID | FIELD NAME | Sample L&I Data and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **335** | **NM1** | **Other Provider Name** | | **S** |
| | NM101 | Entity Identifier Code: *Other Physician* | 73 **[R]** | |
| | NM102 | Entity Type Qualifier: *Person* | 1 **[R]** | |
| | NM103 | Other Provider Last Name | | |
| | NM104 | Other Provider First Name | | |
| | NM105 | Other Provider Middle Name | | |
| | NM108 | Identification Code Qualifier: *24-Employers ID Number; 34-SSN* | | |
| | NM109 | Identification Code | | |
| **340** | **REF** | **Other Provider Secondary ID** | | **S** |
| | REF01 | Reference ID Qualifier: *State Industrial Accident Provider Number* | X5 **[R]** | |
| | REF02 | Reference ID: *Washington State Department of Labor and Industries assigned 7-digit provider account number.* | | |

## LOOP ID – 2400 SERVICE LINE NUMBER

| PAGE # | SEG./ Field ID | FIELD NAME | Sample L&I Date and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **444** | **LX** | **Service Line Number (max. 99 occurrences)** | | **R** |
| | LX01 | Service Line Number | 1 | |
| **445** | **SV2** | **Institutional Service Line** | | **R** |
| | SV201 | Revenue Code | 0420 | |
| | SV202-1 | Service ID Qualifier: *HCPCS (ZZ for Local Codes)* | HC | |
| | SV202-2 | Procedure Code | 97530 | |
| | SV202-3 | Procedure Code Modifier 1 | GP | |
| | SV202-4 | Procedure Code Modifier 2 | | |
| | SV202-5 | Procedure Code Modifier 3 | | |
| | SV202-6 | Procedure Code Modifier 4 | | |
| | SV203 | Line Item Charge Amount | 117.00 | |
| | SV204 | Unit or Basis for Measurement Code: *Unit* | UN | |
| | SV205 | Units | 3 | |
| | SV206 | Service Line Rate | | |
| | SV207 | Line Item Non-Covered Charge Amount | | |
| **456** | **DTP** | **Service Line Date** | | **S** |
| | DTP01 | Date Qualifier: | 472 **[R]** | |
| | DTP02 | Date Format: *(CCYYMMDD-CCYYMMDD)* | RD8 | |
| | DTP03 | Date of Service | 20021207-20021207 | |
| **444** | **LX** | **Service Line Number (max. 99 occurrences)** | | **R** |
| | LX01 | Service Line Number | 2 | |

| | | | | |
|---|---|---|---|---|
| **445** | **SV2** | **Institutional Service Line** | | **R** |
| | SV201 | Revenue Code | 0420 | |
| | SV202-1 | Service ID Qualifier: *HCPCS*<br>*(ZZ for Local Codes)* | HC | |
| | SV202-2 | Procedure Code | 97530 | |
| | SV202-3 | Procedure Code Modifier 1 | GP | |
| | SV202-4 | Procedure Code Modifier 2 | | |
| | SV202-5 | Procedure Code Modifier 3 | | |
| | SV202-6 | Procedure Code Modifier 4 | | |
| | SV203 | Line Item Charge Amount | 117.00 | |
| | SV204 | Unit or Basis for Measurement Code: *Unit* | UN | |
| | SV205 | Units | 3 | |
| | SV206 | Service Line Rate | | |
| | SV207 | Line Item Non-Covered Charge Amount | | |
| **456** | **DTP** | **Service Line Date** | | **S** |
| | DTP01 | Date Qualifier: | 472 **[R]** | |
| | DTP02 | Date Format: *(CCYYMMDD-CCYYMMDD)* | RD8 | |
| | DTP03 | Date of Service | 20021214-20021214 | |
| **444** | **LX** | **Service Line Number (max. 99 occurrences)** | | **R** |
| | LX01 | Service Line Number | 3 | |
| **445** | **SV2** | **Institutional Service Line** | | **R** |
| | SV201 | Revenue Code | 0420 | |
| | SV202-1 | Service ID Qualifier: *HCPCS*<br>*(ZZ for Local Codes)* | HC | |
| | SV202-2 | Procedure Code | 97530 | |
| | SV202-3 | Procedure Code Modifier 1 | GP | |
| | SV202-4 | Procedure Code Modifier 2 | | |
| | SV202-5 | Procedure Code Modifier 3 | | |
| | SV202-6 | Procedure Code Modifier 4 | | |
| | SV203 | Line Item Charge Amount | 117.00 | |
| | SV204 | Unit or Basis for Measurement Code: *Unit* | UN | |
| | SV205 | Units | 3 | |
| | SV206 | Service Line Rate | | |
| | SV207 | Line Item Non-Covered Charge Amount | | |
| **456** | **DTP** | **Service Line Date** | | **S** |
| | DTP01 | Date Qualifier: | 472 **[R]** | |
| | DTP02 | Date Format: *(CCYYMMDD-CCYYMMDD)* | RD8 | |
| | DTP03 | Date of Service | 20021221-20021221 | |
| **444** | **LX** | **Service Line Number (max. 99 occurrences)** | | **R** |
| | LX01 | Service Line Number | 4 | |
| **445** | **SV2** | **Institutional Service Line** | | **R** |
| | SV201 | Revenue Code | 0420 | |
| | SV202-1 | Service ID Qualifier: *HCPCS*<br>*(ZZ for Local Codes)* | HC | |
| | SV202-2 | Procedure Code | 97530 | |
| | SV202-3 | Procedure Code Modifier 1 | GP | |
| | SV202-4 | Procedure Code Modifier 2 | | |
| | SV202-5 | Procedure Code Modifier 3 | | |
| | SV202-6 | Procedure Code Modifier 4 | | |
| | SV203 | Line Item Charge Amount | 117.00 | |
| | SV204 | Unit or Basis for Measurement Code: *Unit* | UN | |
| | SV205 | Units | 3 | |
| | SV206 | Service Line Rate | | |
| | SV207 | Line Item Non-Covered Charge Amount | | |
| **456** | **DTP** | **Service Line Date** | | **S** |
| | DTP01 | Date Qualifier: | 472 **[R]** | |
| | DTP02 | Date Format: *(CCYYMMDD-CCYYMMDD)* | RD8 | |
| | DTP03 | Date of Service | 20021228-20021228 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **34** | **LX*1~** |
| **35** | **SV2*0420*HC:97530:GP*117*UN*3~** |
| **36** | **DTP*472*RD8*20021207-20021207~** |
| **37** | **LX*2~** |
| **38** | **SV2*0420*HC:97530:GP*117*UN*3~** |
| **39** | **DTP*472*RD8*20021214-20021214~** |
| **40** | **LX*3~** |
| **41** | **SV2*0420*HC:97530:GP*117*UN*3~** |
| **42** | **DTP*472*RD8*20021221-20021221~** |
| **43** | **LX*4~** |
| **44** | **SV2*0420*HC:97530:GP*117*UN*3~** |
| **45** | **DTP*472*RD8*20021228-20021228~** |

## Trailer

| Page # | SEG. / Field ID | FIELD NAME | Sample L&I Date and applicable Qualifiers | USAGE |
|---|---|---|---|---|
| **503** | **SE** | **Transaction Set Trailer** | | **R** |
| | SE01 | Number of Included Segments | 48 | |
| | SE02 | Transaction Set Control Number | 000000001 | |

EXAMPLE:

| Seg Cnt | EDI Data |
|---|---|
| **46** | **SE*46*00001~** |

## 837 Institutional EDI Sample Billing Data

This 837 EDI data represents the previous sample billing for a UB92 submitted to L&I.

| Seg# | EDI Data |
|---|---|
| | **ISA*00*.....*00*.....*ZZ*1234567.....*30*916001069.....*030101*1800*U*00401*000000001*1*P*:** |
| | **~** |
| | **GS*HC*1234567*916001069*20030101*1800*101*X*004010X096A1~** |
| 1 | **ST*837*0001~** |
| 2 | **BHT*0019*00*1234*20030101*1800*CH~** |
| 3 | **REF*87*004010X096A1~** |
| 4 | **NM1*41*2*COMMUNITY BILLING SERVICES*****46*1234567~** |
| 5 | **PER*IC*BILL SMITH*TE*3601234567~** |
| 6 | **NM1*40*2*WA ST DEPT OF LABOR & INDUSTRIES*****46*916001069~** |
| 7 | **HL*1**20*1~** |
| 8 | **NM1*85*2*COMMUNITY HOSPITAL*****24*1234567890~** |
| 9 | **N3*123 MAIN ST~** |
| 10 | **N4*OLYMPIA*WA*98555~** |
| 11 | **REF*X5*12340~** |
| 12 | **HL*2*1*22*0~** |
| 13 | **SBR*P*18*A123456******WC~** |
| 14 | **NM1*IL*1*HURT*JOHN*S***MI*A123456~** |
| 15 | **N3*PO BOX 1234~** |
| 16 | **N4*OLYMPIA*WA*98555~** |
| 17 | **DMG*D8*19610105*M~** |
| 18 | **REF*SY*111223333~** |
| 19 | **NM1*PR*2*WA ST DEPT OF LABOR & INDUSTRIES*****PI*916001069~** |
| 20 | **CLM*533660009*468*13:A:1*Y**Y*********Y~** |
| 21 | **DTP*434*RD8*20021201-20021231~** |
| 22 | **DTP*435*DT*200212011500~** |
| 23 | **CL1*3*1*30~** |
| 24 | **REF*G1*9876543210~** |
| 25 | **REF*EA*10315-1~** |
| 26 | **NTE*ADD*ADDITIONAL REMARKS~** |
| 27 | **HI*BK:724.1*BJ:724.1*BN:E821.0~** |
| 28 | **HI*BH:04:D8:20021201~** |
| 29 | **NM1*71*1*CARES*JONATHAN*A***34*333224444~** |
| 30 | **PRV*AT*ZZ*225100000X~** |
| 31 | **REF*X5*12345~** |
| 32 | **NM1*72*1*CARES*JONATHAN*A***34*333224444~** |
| 33 | **REF*X5*12345~** |
| 34 | **LX*1~** |
| 35 | **SV2*0420*HC:97530:GP*117*UN*3~** |
| 36 | **DTP*472*RD8*20021207-20021207~** |
| 37 | **LX*2~** |
| 38 | **SV2*0420*HC:97530:GP*117*UN*3~** |
| 39 | **DTP*472*RD8*20021214-20021214~** |
| 40 | **LX*3~** |
| 41 | **SV2*0420*HC:97530:GP*117*UN*3~** |
| 42 | **DTP*472*RD8*20021221-20021221~** |
| 43 | **LX*4~** |
| 44 | **SV2*0420*HC:97530:GP*117*UN*3~** |
| 45 | **DTP*472*RD8*20021228-20021228~** |
| 46 | **SE*46*00001~** |
| | **GE*1*101~** |
| | **IEA*1*000000001~** |

## Acknowledgements and Remittance Advice

# TA1 Interchange Acknowledgment

The EDI layout and sample data for the TA1 response is for reference only. This data provides an example of the expected data from Labor and Industries, when this response is requested. This response will only be available upon request per submitter's 837 (ISA14). Refer to the ASC X12N Implementation Guide for more detailed information indicated by the page numbers below.

The TA1 is an immediate response and will be available to the original sender of the 837 transaction. The critical elements that must be in the 837 in order to receive the TA1 response are as follows: ISA05, ISA06, ISA07, ISA08, ISA14, ISA15. This response provides acknowledgement of receiving the EDI X12 Interchange.

| **Interchange Control Header** | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append B** | **ISA** | **Interchange Control Header** | | **R** |
| B.3 | ISA01 | Authorization Information Qualifier | 00 | R |
| B.3 | ISA02 | Authorization Information | | R |
| B.4 | ISA03 | Security Information Qualifier | 00 | R |
| B.4 | ISA04 | Security Information | | R |
| B.4 | ISA05 | **Interchange ID Qualifier (Sender):** ***U.S. Federal TIN*** | 30 | R |
| B.4 | ISA06 | **Interchange Sender ID:** ***Washington State Department of Labor and Industries Federal Tax Identification Number*** | 916001069 | R |
| B.4 | ISA07 | **Interchange ID Qualifier (Receiver):** ***Mutually Defined*** | ZZ | R |
| B.5 | ISA08 | **Interchange Receiver ID:** ***Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission.*** | 1234567 | R |
| B.5 | ISA09 | Interchange Date *(YYMMDD)* | 030101 | R |
| B.5 | ISA10 | Interchange Time *(HHMM)* | 0600 | R |
| B.5 | ISA11 | Interchange Control Standards Identifier | U | R |
| B.5 | ISA12 | Interchange Control Version Number | 00401 | R |
| B.5 | ISA13 | Interchange Control Number | 100000000 | R |
| B.6 | ISA14 | Acknowledgement Requested:<br>*"0" – Not Requested*<br>*"1" - Requested* | 0 | R |
| B.6 | ISA15 | Usage Indicator:<br>*"P" – Production*<br>*"T" – Test* | P | R |
| B.6 | ISA16 | Component Element Separator: | : | R |

Example:
**ISA*00*.....*00*.....*30*916001069.....*ZZ*1234567.....*030101*0600*U*00401*100000000*0*P*:~**

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **Append B** | **TA1** | **Interchange Acknowledgment** | | **R** |
| B.11 | TA101 | Interchange Control Number | 000000001 | R |
| B.11 | TA102 | Interchange Date (YYMMDD) | 030101 | R |
| B.11 | TA103 | Interchange Time (HHMM) | 0600 | R |
| B.12 | TA104 | Interchange Acknowledgment Code [A, E, or R] | A | R |
| B.12 | TA105 | Interchange Note Code | 000 | R |

Example:
**TA1*000000001*030101*0600*A*000*~**

| Interchange Control Trailer | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append** | **IEA** | **Interchange Control Trailer** | | **R** |
| B.7 | IEA01 | Number of Included Functinal Groups | 00001 | R |
| B.7 | IEA02 | Interchange Control Number | 100000000 | R |

Example:
**IEA*1*100000000~**

## Sample EDI for TA1

**ISA*00*.....*00*.....*30*916001069.....*ZZ*1234567.....*030101*0600*U*00401*100000000*0*P*:~**
**TA1*000000001*030101*0600*A*000*~**
**IEA*1*100000000~**

## 997 Functional Acknowledgement

The EDI layout and sample data for the 997 response is for reference only. This data provides an example of the expected data from Labor and Industries. This response will be available to the original sender of the ASC X12N 837 transaction. Refer to the ASC X12N Implementation Guide for more detailed information indicated by the page numbers below.

The 997 is an immediate response and will be available to the original sender. This acknowledgement will provide confirmation whether the 837 functional groups submitted have been accepted or rejected. Rejections will include error codes. Refer to the Implementation Guides for further information.

The critical elements which must be in the 837 in order to receive the 997 response are: GS02 and GS03. In addition, the submitter number in GS02 must match the submitter number in ISA06 or the 997 will not be returned to the sender.

| **Interchange Control Header** | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG. / FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append B** | **ISA** | **Interchange Control Header** | | **R** |
| B.3 | ISA01 | Authorization Information Qualifier | 00 | R |
| B.3 | ISA02 | Authorization Information | | R |
| B.4 | ISA03 | Security Information Qualifier | 00 | R |
| B.4 | ISA04 | Security Information | | R |
| B.4 | ISA05 | Interchange ID Qualifier (Sender): *U.S. Federal TIN* | 30 | R |
| B.4 | ISA06 | Interchange Sender ID:<br>*Washington State Department of Labor and Industries Federal Tax Identification Number* | 916001069 | R |
| B.4 | ISA07 | Interchange ID Qualifier (Receiver): *Mutually Defined* | ZZ | R |
| B.5 | ISA08 | Interchange Receiver ID:<br>*Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission.* | 1234567 | R |
| B.5 | ISA09 | Interchange Date *(YYMMDD)* | 030101 | R |
| B.5 | ISA10 | Interchange Time *(HHMM)* | 0600 | R |
| B.5 | ISA11 | Interchange Control Standards Identifier | U | R |
| B.5 | ISA12 | Interchange Control Version Number | 00401 | R |
| B.5 | ISA13 | Interchange Control Number | 997000001 | R |
| B.6 | ISA14 | Acknowledgement Requested:<br>*"0" – Not Requested*<br>*"1" - Requested* | 0 | R |
| B.6 | ISA15 | Usage Indicator:<br>*"P" – Production*<br>*"T" – Test* | P | R |
| B.6 | ISA16 | Component Element Separator: | : | R |

Example:
**ISA*00*.....*00*.....*30*916001069.....*ZZ*1234567.....*030101*0600*U*00401*997000001*0*P*:~**

| Functional Group Header | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append B** | **GS** | **Functional Group Header** | | **R** |
| B.8 | GS01 | Functional Identifier Code: *Functional Acknowlegment (997)* | FA | R |
| B.8 | GS02 | Application Sender Code: *Washington State Department of Labor and Industries Federal Tax Identification Number* | 916001069 | R |
| B.8 | GS03 | Application Receiver Code: *Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission.* | 1234567 | R |
| B.8 | GS04 | Date *(CCYYMMDD)* | 20030101 | R |
| B.8 | GS05 | Time *(HHMM)* | 1800 | R |
| B.9 | GS06 | Group Control Number: | 997000001 | R |
| B.9 | GS07 | Responsible Agency Code: *Accredited Standards Committee X12* | X | R |
| B.9 | GS08 | Version/Release/Industry Identifier Code: | 004010X098A1 | R |

Example:
**GS*FA*916001069*1234567*20030101*1800*997000001*X*004010X098A1~**

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **Append B** | **997** | **Functional Acknowledgment** | | **R** |
| B.16 | **ST** | **Transaction Set Header** | | R |
| B.17 | ST01 | Transaction Set Identfier Code: *Functional Acknowledgment* | 997 | R |
| B.17 | ST02 | Transaction Set Control Number | 0001 | R |
| B.18 | **AK1** | **Functional Group Response Header** | | **R** |
| B.18 | AK101 | Functional Identifier Code: *Health Care Claim (837)* | HC | R |
| B.18 | AK102 | Group Control Number | 000000001 | R |
| B.19 | **AK2** | **Transaction Set Response Header** | | **R** |
| B.19 | AK201 | Transaction Set Identifier Code: *Health Care Claim* | 837 | R |
| B.19 | AK202 | Transaction Set Control Number | 000000001 | R |
| B.20 | **AK3** | **Data Segment Note** *(report transaction errors)* | | **S** |
| B.20 | AK301 | Segment ID Code *i.e., SBR, NM1, etc.* | | |
| B.20 | AK302 | Segment Position in Transaction Set *(data count position)* | | |
| B.21 | AK303 | Loop ID Code | * | |
| B.21 | AK304 | Segment Syntax Error Code | | |
| B.22 | **AK4** | **Data Element Note** *(report data element or composite errors)* | | **S** |
| B.22 | AK401-1 | Element Position in Segment | | |
| B.22 | AK401-2 | Component Data Element Position in Composite | | |
| B.23 | AK402 | Data Element Reference Number | | |
| B.23 | AK403 | Data Element Syntax Error Code | | |
| B.23 | AK404 | Copy of Bad Data Element | * | |

| | | | | |
|---|---|---|---|---|
| B.24 | **AK5** | **Transaction Set Response Trailer** | | **R** |
| B.24 | AK501 | Transaction Set Acknowledgment Code | A | R |
| B.25 | AK502 | Transaction Set Syntax Error Code | | S |
| B.27 | **AK9** | **Functional Group Response Trailer** | | **R** |
| B.27 | AK901 | Functional Group Acknowledgment Code | A | R |
| B.28 | AK902 | Number of Transaction Sets Included | 1 | R |
| B.28 | AK903 | Number of Received Transaction Sets | 1 | R |
| B.28 | AK904 | Number of Accepted Transaction Sets | 1 | R |
| B.28 | AK905 | Functional Group Syntax Error Code | | S |
| B.30 | **SE** | **Transaction Set Trailer** | | **R** |
| B.30 | SE01 | Number of Included Segments | 10 | R |
| B.30 | SE02 | Transaction Set Control Number | 0001 | R |

Example:
**ST*997*0001~**
**AK1*HC*000000001~**
**AK2*837*000000001~**
**AK5*A**~**
**AK9*A*1*1*1~**
**SE*10*0001~**

## Functional Group Trailer

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **Append B** | **GE** | **Functional Group Trailer** | | **R** |
| B.10 | GE01 | Number of Transaction Sets included | 000001 | R |
| B.10 | GE02 | Group Control Number | 997000101 | R |

Example:
**GE*1*997000101~**

## Interchange Control Trailer

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **Append B** | **IEA** | **Interchange Control Trailer** | | **R** |
| B.7 | IEA01 | Number of Included Functinal Groups | 00001 | R |
| B.7 | IEA02 | Interchange Control Number | 997000001 | R |

Example:
**IEA*1*997000001~**

## Sample EDI for 997

**ISA*00*.....*00*.....*30*916001069.....*ZZ*1234567.....*030101*0600*U*00401*100000000*0*P*:~**
**GS*FA*916001069*1234567*20030101*1800*997000001*X*004010X098A1~**
**ST*997*0001~**
**AK1*HC*000000001~**
**AK2*837*000000001~**
**AK5*A**~**
**AK9*A*1*1*1~**
**SE*10*0001~**
**GE*1*997000101~**
**IEA*1*997000001~**

## 277u: Unsolicited Claim Response (Acknowledgment and Notification)

The EDI layout and sample data for the 277u response is for reference only. This data provides an example of the expected data from Labor and Industries. The 277u Acknowledgement will be available to the original sender of the ASC X12N 837 transaction the following day after the original file has processed through an adjudication cycle. The 277u Notification will be available to the 835 Remittance Advice designated recipient on the 2-week payment cycle. The Acknowledgment provides a list of all bills from the original 837 transaction which are "in process" (not finalized) after the initial adjudication cycle. The Notification provides a complete list of ALL bills "pending" at the time of payment cycle. Refer to the ASC X12N Implementation Guide for more detailed information indicated by the page numbers below.

Note: The critical elements that must be in the 837 in order to receive the 277U Acknowledgement are the submitter number in Loop 1000A, and segment NM109 must match the submitter number in GS02 and ISA06. If any of these are not present, or do not match, the response will not be returned.

| **Interchange Control Header** | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append B** | **ISA** | **Interchange Control Header** | | **R** |
| B.3 | ISA01 | Authorization Information Qualifier | 00 | R |
| B.3 | ISA02 | Authorization Information | | R |
| B.4 | ISA03 | Security Information Qualifier | 00 | R |
| B.4 | ISA04 | Security Information | | R |
| B.4 | ISA05 | Interchange ID Qualifier (Sender): *U.S. Federal TIN* | 30 | R |
| B.4 | ISA06 | Interchange Sender ID:<br>*Washington State Department of Labor and Industries Federal Tax Identification Number* | 916001069 | R |
| B.4 | ISA07 | Interchange ID Qualifier (Receiver): *Mutually Defined* | ZZ | R |
| B.5 | ISA08 | Interchange Receiver ID:<br>*Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission.* | 1234567 | R |
| B.5 | ISA09 | Interchange Date *(YYMMDD)* | 030101 | R |
| B.5 | ISA10 | Interchange Time *(HHMM)* | 0600 | R |
| B.5 | ISA11 | Interchange Control Standards Identifier | U | R |
| B.5 | ISA12 | Interchange Control Version Number | 00307 | R |
| B.5 | ISA13 | Interchange Control Number | 000000001 | R |
| B.6 | ISA14 | Acknowledgement Requested:<br>*"0" – Not Requested*<br>*"1" - Requested* | 0 | R |
| B.6 | ISA15 | Usage Indicator:<br>*"P" – Production*<br>*"T" – Test* | P | R |
| B.6 | ISA16 | Component Element Separator: | : | R |

Example:
**ISA*00*.....*00*.....*30*916001069.....*ZZ*1234567.....*030101*0600*U*00307*000000001*0*P*:~**

| Functional Group Header | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append B** | **GS** | **Functional Group Header** | | **R** |
| B.8 | GS01 | Functional Identifier Code: *Health Care Claim Status Notification (277)* | HN | R |
| B.8 | GS02 | Application Sender Code: *Washington State Department of Labor and Industries Federal Tax Identification Number* | 916001069 | R |
| B.8 | GS03 | Application Receiver Code: *Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission and/or receipt.* | 1234567 | R |
| B.8 | GS04 | Date *(YYMMDD)* | 030101 | R |
| B.8 | GS05 | Time *(HHMM)* | 1800 | R |
| B.9 | GS06 | Group Control Number: | 000000001 | R |
| B.9 | GS07 | Responsible Agency Code: *Accredited Standards Committee X12* | X | R |
| B.9 | GS08 | Version/Release/Industry Identifier Code: | 003070X070 | R |

Example:
**GS*HN*916001069*1234567*030101*1800*1*X*003070X070~**

## 277 Header

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **27** | **ST** | **Transaction Set Header** | | R |
| | ST01 | Transaction Set Identfier Code: *Health Care Claim Status Notification* | 277 | R |
| | ST02 | Transaction Set Control Number | 0001 | R |
| **28** | **BHT** | **Transaction Structure** | | **R** |
| 28 | BHT01 | Hierarchical Structure Code | 0010 | R |
| 28 | BHT02 | Transaction Set Purpose Code: *Status* | 08 | R |
| 28 | BHT03 | Reference Identification (*EDI format and version number, L&I Submitter Number, sequence number)* | 277003070X07012345670 0001 | R |
| 28 | BHT04 | Date (YYMMDD) | 030101 | R |
| 29 | BHT06 | Transaction Type Code: *TH=Acknowledgment; NO=Notification* | TH | R |

Example:
**ST*277*0001~**
**BHT*0010*08*277003070X07012345670001*030101**TH~**

## Loop ID – 2000A Information Source

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **30** | **HL** | **Information Source** | | **R** |
| 30 | HL01 | Hierarchical ID Number | 1 | R |
| 31 | HL03 | Hierarchical Level Code: *Information Source* | 20 | R |
| 31 | HL04 | Hierarchical Child Code | 1 | R |

Example:
**HL*1**20*1~**

## Loop ID – 2100A Payer Name

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **32** | **NM1** | **Payer Name** | | **R** |
| 32 | NM101 | Entity Identifier Code: *Payer* | PR | R |
| 32 | NM102 | Entity Type Qualifier:: *Non-person Entity* | 2 | R |
| 33 | NM103 | Receiver Name | WA ST Dept of Labor and Industries | R |
| 33 | NM108 | Identification Code Qualifier: *Federal Tax Identification Number* | FI | R |
| 33 | NM109 | Identification Code | 916001069 | R |

Example:
**NM1*PR*2*WA ST DEPT OF LABOR AND INDUSTRIES*****FI*916001069~**

## Loop ID – 2000B Information Receiver

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **36** | **HL** | **Information Receiver** | | **R** |
| 36 | HL01 | Hierarchical ID Number | 2 | R |
| 36 | HL02 | Hierarchical Parent ID Number | 1 | R |
| 37 | HL03 | Hierarchical Level Code: *Information Receiver* | 21 | R |
| 37 | HL04 | Hierarchical Child Code | 1 | R |

Example:
**HL*2*1*21*1~**

## Loop ID – 2100B Information Receiver Name

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **38** | **NM1** | **Information Receiver Name** | | **R** |
| 38 | NM101 | Entity Identifier Code: *Submitter* | 41 | R |
| 38 | NM102 | Entity Type Qualifier: *Person=1 ; Non-Person Entity=2* | 2 | R |
| 39 | NM103 | Receiver Name *(Organization or Person Last Name)* | Community Clearinghouse | R |
| 39 | NM104 | Name First | | S |
| 39 | NM105 | Name Middle | | S |
| 39 | NM108 | Identification Code Qualifier: *Electronic Transmitter Identification Number (ETIN)* | 46 | R |
| 39 | NM109 | Identification Code: *Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission and/or receipt.* | 1234567 | R |

Example:
**NM1*41*2*COMMUNITY CLEARINGHOUSE*****46*1234567~**

## Loop ID – 2000C Provider of Service

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **42** | **HL** | **Provider of Service** | | **R** |
| 42 | HL01 | Hierarchical ID Number | 3 | R |
| 42 | HL02 | Hierarchical Parent ID Number | 2 | R |
| 43 | HL03 | Hierarchical Level Code: *Provider of Service* | 19 | R |
| 43 | HL04 | Hierarchical Child Code | 1 | R |

Example:
**HL*3*2*19*1~**

## Loop ID – 2100C Provider Information

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **44** | **NM1** | **Provider Information** | | **R** |
| 44 | NM101 | Entity Identifier Code: *Provider* | 1P | R |
| 44 | NM102 | Entity Type Qualifier: *Person=1 ; Non-Person Entity=2* | 2 | R |
| 45 | NM103 | Provider Name *(Organization or Person Last Name)* | Community Hospital | R |
| 45 | NM104 | Name First | | S |
| 45 | NM105 | Name Middle | | S |
| 45 | NM108 | Identification Code Qualifier: *Service Provider Number* | SV | R |
| 45 | NM109 | Identification Code: *Your Washington State Department of Labor and Industries assigned 7-digit provider account number.* | 1234567 | R |

Example:
**NM1*1P*2*COMMUNITY HOSPITAL*****SV*1234567~**

## Loop ID – 2000D Subscriber

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **46** | **HL** | **Subscriber** | | **R** |
| 46 | HL01 | Hierarchical ID Number | 4 | R |
| 46 | HL02 | Hierarchical Parent ID Number | 3 | R |
| 47 | HL03 | Hierarchical Level Code: *Subscriber* | 22 | R |
| 47 | HL04 | Hierarchical Child Code: *No subordinate HL* | 0 | R |

Example:
**HL*4*3*22*0~**

## Loop ID – 2100D Subscriber Name

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **48** | **NM1** | **Subscriber Name** | | **R** |
| 48 | NM101 | Entity Identifier Code: *Patient* | QC | R |
| 49 | NM102 | Entity Type Qualifier: *Person* | 1 | R |
| 49 | NM103 | Patient Last Name | Williams | R |
| 49 | NM104 | Patient First Name | Bill | S |
| 49 | NM105 | Patient Middle Name/Initial | T | S |
| 49 | NM108 | Identification Code Qualifier: *Member Identification Number* | MI | R |
| 49 | NM109 | Identification Code: *Washington State Department of Labor and Industries 7-character assigned Claim Number.* | H010101 | R |

Example:
**NM1*QC*1*WILLIAMS*BILL*T***MI*H010101**

## Loop ID – 2200D Claim Submitter's Identifier

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **53** | **TRN** | **Claim Submitter's Identifier** | | **R** |
| 53 | TRN01 | Trace Type Code: *Referenced Transaction Trace Numbers* | 2 | R |
| 53 | TRN02 | Reference Identification: *Patient Account Number from original bill.* | 123456789123 | R |
| **55** | **STC** | **Claim Level Status Information** | | **R** |
| 55 | STC01-1 | Health Care Claim Status Category Code: P0-*Pending; A2-Accepted* | P0 | R |
| 56 | STC01-2 | Health Care Claim Status Code: *Accepted for processing* | 20 | R |
| 58 | STC02 | Date of Status (YYMMDD) | 030101 | R |
| 58 | STC03 | Action Code: *No Action* | NA | R |
| 58 | STC04 | Total Charges Submitted | 100.00 | R |
| **60** | **REF** | **Payer's Claim Control Number** | | **R** |
| 60 | REF01 | Reference Identification Qualifier: *Payer's Claim Number* | 1K | R |
| 60 | REF02 | Reference Identification: *ICN* | 70300101000000100 | R |
| **62** | **REF** | **Institutional Type of Bill :*Inpatient or Outpatient bills only*** | | **S** |
| 62 | REF01 | Reference Identification Qualifier: *Billing Type* | BLT | R |
| 62 | REF02 | Reference Identification: *111-Inpatient; 131-Outpatient* | 111 | R |
| **64** | **REF** | **Medical Record Number** | | **S** |
| 64 | REF01 | Reference Identification Qualifier: *Medical Record Identification Number* | EA | R |
| 64 | REF02 | Reference Identification Number | | R |
| **66** | **DTP** | **Claim Service Date** | | **S** |
| 66 | DTP01 | Date/Time Qualifier: *Service* | 472 | R |
| 66 | DTP02 | Date Time Period Format Qualifier | RD8 | R |
| 66 | DTP03 | Date Time Period *(date range CCYYMMDD-CCYYMMDD)* | 20021201-20021201 | R |

Example:

**TRN*2*123456789123~**
**STC*P0:0*030101*NA*100.00~**
**REF*1K*70300101000000100~**
**REF*BLT*111~**
**DTP*472*RD8*20021201-20021201~**

## 277 Trailer

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| | | | | |
| **107** | **SE** | **Transaction Trailer** | | **R** |
| 107 | SE01 | Number of Included Segments | 16 | R |
| 107 | SE02 | Transaction Set Control Number | 0001 | R |

Example:

**SE*16*0001~**

| Functional Group Trailer | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append B** | **GE** | **Functional Group Trailer** | | **R** |
| B.10 | GE01 | Number of Transaction Sets included | 000001 | R |
| B.10 | GE02 | Group Control Number | 000000101 | R |

Example:

**GE*1*101~**

| Interchange Control Trailer | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append B** | **IEA** | **Interchange Control Trailer** | | **R** |
| B.7 | IEA01 | Number of Included Functinal Groups | 00001 | R |
| B.7 | IEA02 | Interchange Control Number | 000000001 | R |

Example:

**IEA*1*000000001~**

## Sample EDI for 277u

**ISA*00*.....*00*.....*30*916001069.....*ZZ*1234567.....*030101*0600*U*00307*000000001*0*P*:~**
**GS*HN*916001069*1234567*030101*1800*1*X*003070X070~**
**ST*277*0001~**
**BHT*0010*08*277003070X07012345670001*030101**TH~**
**HL*1**20*1~**
**NM1*PR*2*WA ST DEPT OF LABOR AND INDUSTRIES*****FI*916001069~**
**HL*2*1*21*1~**
**NM1*41*2*COMMUNITY CLEARINGHOUSE*****46*1234567~**
**HL*3*2*19*1~**
**NM1*1P*2*COMMUNITY HOSPITAL*****SV*1234567~**
**HL*4*3*22*0~**
**NM1*QC*1*WILLIAMS*BILL*T***MI*H010101**
**TRN*2*123456789123~**
**STC*P0:0*030101*NA*100.00~**
**REF*1K*70300101000000100~**
**REF*BLT*111~**
**DTP*472*RD8*20021201-20021201~**
**SE*16*0001~**
**GE*1*101~**
**IEA*1*000000001~**

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## 835 Remittance Advice

The EDI layout and sample data for the 835 Remittance Advice is for reference only. This layout includes all Loops and Segments that could be included in an 835 from WA State Dept of Labor and Industries, depending on the finalized transactions. This sample data provides an example of the expected data from Labor and Industries, but is not all-inclusive.

The 835 Remittance Advice will be available to the designated recipient on the 2-week payment cycle. The warrant and a hardcopy of the remittance advice will also be sent to the designated payee. The 835 Remittance Advice will provide a list of all finalized bills (paid/denied) for the current payment cycle. This will include bills submitted through other mediums e.g., paper. The 277u Unsolicited Claim Response Notification provides a complete list of ALL bills "pending" at the time of payment cycle. Refer to the ASC X12N Implementation Guide for more detailed information indicated by the page numbers below.

Providers submitting standard 837 transactions will receive the standard 835 remittance advice. Providers submitting 837 addenda version will receive the 835 addenda version. Please note: 835's indicating "Notification Only" implies there is no warrant sent with the hardcopy remittance advice. 835's indicating "Remittance Advice" will include the check# that is being sent with the hardcopy remittance advice.

| **Interchange Control Header** | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append B** | **ISA** | **Interchange Control Header** | | **R** |
| B.3 | ISA01 | Authorization Information Qualifier | 00 | R |
| B.3 | ISA02 | Authorization Information | | R |
| B.4 | ISA03 | Security Information Qualifier | 00 | R |
| B.4 | ISA04 | Security Information | | R |
| B.4 | ISA05 | Interchange ID Qualifier (Sender): *U.S. Federal TIN* | 30 | R |
| B.4 | ISA06 | Interchange Sender ID:<br>*Washington State Department of Labor and Industries Federal Tax Identification Number* | 916001069 | R |
| B.4 | ISA07 | Interchange ID Qualifier (Receiver): *Mutually Defined* | ZZ | R |
| B.5 | ISA08 | Interchange Receiver ID:<br>*Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission.* | 1234567 | R |
| B.5 | ISA09 | Interchange Date *(YYMMDD)* | 030117 | R |
| B.5 | ISA10 | Interchange Time *(HHMM)* | 0600 | R |
| B.5 | ISA11 | Interchange Control Standards Identifier | U | R |
| B.5 | ISA12 | Interchange Control Version Number | 00401 | R |
| B.5 | ISA13 | Interchange Control Number | 000000001 | R |
| B.6 | ISA14 | Acknowledgement Requested:<br>*"0" – Not Requested*<br>*"1" - Requested* | 0 | R |
| B.6 | ISA15 | Usage Indicator:<br>*"P" – Production*<br>*"T" – Test* | P | R |
| B.6 | ISA16 | Component Element Separator: | : | R |

Example:
**ISA*00*.....*00*.....*30*916001069.....*ZZ*1234567.....*030117*0600*U*00401*000000001*0*P*:~**

| Functional Group Header | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append B** | **GS** | **Functional Group Header** | | **R** |
| B.8 | GS01 | Functional Identifier Code: *Health Care Claim Payment/Advice* | HP | R |
| B.8 | GS02 | Application Sender Code: *Washington State Department of Labor and Industries Federal Tax Identification Number* | 916001069 | R |
| B.8 | GS03 | Application Receiver Code: *Your Washington State Department of Labor and Industries assigned 7-digit provider account number authorized for electronic submission and/or receipt.* | 1234567 | R |
| B.8 | GS04 | Date *(CCYYMMDD)* | 20030117 | R |
| B.8 | GS05 | Time *(HHMM)* | 0600 | R |
| B.9 | GS06 | Group Control Number: | 000000001 | R |
| B.9 | GS07 | Responsible Agency Code: *Accredited Standards Committee X12* | X | R |
| B.9<br><br>Addenda pg. 14 | GS08 | Version/Release/Industry Identifier Code:<br><br>*"004010X091" – Draft Standards as published in the Implementation Guide in October 1997.*<br><br>*"004010X091A1" –Addenda to the X12N 004010X091 Implementation Guide published October 2001.* | 004010X091A1 | R |

Example:
**GS*HP*916001069*1234567*20030117*0600*000000001*X*004010X091A1~**

## 835 Header

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **43** | **ST** | **Transaction Set Header** | | R |
| | ST01 | Transaction Set Identfier Code: *Health Care Claim Advice* | 835 | R |
| | ST02 | Transaction Set Control Number | 0001 | R |
| **44** | **BPR** | **Financial Information** | | **R** |
| 45 | BPR01 | Transaction Handling Code: *Remittance Only=I;Notification Only=H* | I | R |
| 46 | BPR02 | Total Warrant Pa;yment Amount | 1000.00 | R |
| 46 | BPR03 | Credit/Debit Flag: *Credit* | C | R |
| 46 | BPR04 | Payment Method: CHK-*Check;NON-No Warrant* | CHK | R |
| 50 | BPR16 | Date (Warrant Date) – YYYYMMDD | 20031005 | R |
| **52** | **TRN** | **Reassociation Trace Number** | | **R** |
| 52 | TRN01 | Trace Type Code | 1 | R |
| 53 | TRN02 | Reference Identification: *Check#;Remittance Advice Number* | 123456 | R |
| 53 | TRN03 | Payer Identifier : *1 plus EIN* | 1916001069 | R |

| | | | | |
|---|---|---|---|---|
| **57** | **REF** | **Receiver Identification** | | **S** |
| 57 | REF01 | Receiver Identification Qualifier: Receiver ID Number | EV | R |
| 57 | REF02 | Reference Identification: *7-character L&I Provider Account Number for designated Payee.* | 0012345 | R |
| **60** | **DTM** | **Production Date** | | **S** |
| 60 | DTM01 | Date/Time Qualifier: *End-date of Billing Cycle* | 405 | R |
| 61 | DTM02 | Date: *CCYYMMDD* | 20030117 | R |

Example:
**ST*835*0001~**
**BPR*I*1000.00*C*CHK**********20031005~**
**TRN*1*123456*1916001069~**
**REF*EV*0012345~**
**DTM*405*20030117~**

## Loop ID – 1000A Payer Identification

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **62** | **N1** | **Payer Identification** | | **R** |
| 62 | N101 | Entity Identifier Code: *Payer* | PR | S |
| 62 | N102 | Payer Name | WA State Dept of Labor and Industries | S |
| Addenda pg.7 | N103 | Identification Code Qualifier: *HCFA Nat'l Plan ID* | XV | S |
| Addenda pg.7 | N104 | Identification Code: HCFA Nat'l Plan ID | | S |
| **64** | **N3** | **Payer Addres** | | **R** |
| 64 | N301 | Payer Address | PO Box 44263 | R |
| **65** | **N4** | **Payer City, State, Zip Code** | | **R** |
| 65 | N401 | City | Olympia | R |
| 65 | N402 | State | WA | R |
| 65 | N403 | Zip Code | 98504-4263 | R |
| **69** | **PER** | **Payer Contact Information** | | **R** |
| 70 | PER01 | Contact Function Code: *Payer's Claim Office* | CX | R |
| 71 | PER02 | Payer Contact Name | Provider Hotline | S |
| 71 | PER03 | Communication Number Qualifier | TE | S |
| 71 | PER04 | Communication Number | 1-800-848-0811 | S |

Example:
**N1*PR*WA State Dept of Labor and Industries~**
**N3*PO Box 44263~**
**N4*Olympia*WA*98504-4263~**
**PER*CX*Provider Hotline*TE*1-800-848-0811~**

## Loop ID – 1000B Payee Identification

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **72** | **N1** | **Payee Identification** | | **R** |
| 72 | N101 | Entity Identifier Code: *Payee* | PE | R |
| 73 | N102 | Payee Name | Community Hospital | S |
| 73 | N103 | Identification Code Qualifier: *Federal Tax Identification Number* | FI | R |
| 73 | N104 | Identification Code | 910000000 | R |

| | | | | |
|---|---|---|---|---|
| **74** | **N3** | **Payee Address** | | **S** |
| 74 | N301 | Payee Address | 123 West St | R |
| **75** | **N4** | **Payee City, State, Zip Code** | | **S** |
| 75 | N401 | City | Olympia | R |
| 75 | N402 | State | WA | R |
| 76 | N403 | Zip Code | 98500 | R |
| **77** | **REF** | **Payee Additional Identification** | | **S** |
| 77 | REF01 | Reference Identification Qualifier: *Payee Identification* | PQ | R |
| 78 | REF02 | Reference Identification: *7-character WA State Dept of Labor and Industires Provider Account Number* | 0001234 | R |

Example:
**N1*PE*Community Hospital*FI*910000000~**
**N3*123 West St~**
**N4*Olympia*WA*98500~**
**REF*PQ*0001234~**

## Loop ID – 2000 Header Number

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **79** | **LX** | **Header Number** | | **S** |
| 79 | LX01 | Assigned Number (identifying sequence number of bill level segments) | 1 | R |

Example:
**LX*1~**

## Loop ID – 2100 Claim Payment Information

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **89** | **CLP** | **Claim Payment Information** | | **R** |
| 89 | CLP01 | Claim Submitter's ID: *Patient Control Number* | 1300000000001 | R |
| 90 | CLP02 | Claim Status Code: *Processed as Primary* | 1 | R |
| 91 | CLP03 | Total Claim Charge Amount | 500.00 | R |
| 91 | CLP04 | Claim Payment Amount | 450.00 | R |
| 91 | CLP05 | Patient Responsibility | 0 | S |
| 92 | CLP06 | Claim Filing Indicator Code: *Worker's Compensation Health Claim* | WC | R |
| 93 | CLP07 | Reference Identification: *WA State Dept of Labor and Industries assigned ICN*. | 70320001000000100 | S |
| 93 | CLP11 | Diagnosis Related Group (DRG) Code: | | S |
| 93 | CLP12 | Quantity: *Diagnosis Related Group (DRG) Weight* | | S |
| **95** | **CAS** | **Claim Adjustment** | | **S** |
| 97 | CAS01 | Claim Adjustment Group Code | CO | R |
| 97 | CAS02 | Claim Adjustment Reason Code | 42 | R |
| 97 | CAS03 | Adjustment Amount | 50.00 | R |
| 98 | CAS04 | Adjustment Quantity | | S |

| | | | | |
|---|---|---|---|---|
| **102** | **NM1** | **Patient Name** | | **R** |
| 102 | NM101 | Entity Identifier Code: *Patient* | QC | R |
| 103 | NM102 | Entity Type Qualifier: *Person* | 1 | R |
| 103 | NM103 | Patient Last Name | Smith | R |
| 103 | NM104 | Patient First Name | Joe | R |
| 103 | NM105 | Patient Middle | | S |
| 103 | NM108 | Identification Code Qualifier: *Member Identification* | MI | S |
| 104 | NM109 | Identification Code: *WA State Dept of Labor and Industries assigned Claim Number* | H010101 | S |
| **111** | **NM1** | **Service Provider Name** | | **S** |
| 112 | NM101 | Entity Identifier Code: *Rendering Provider* | 82 | R |
| 112 | NM102 | Entity Type Qualifier: *1-Person; 2-Non-person* | 1 | R |
| 112 | NM103 | Last Name or Organization | Williams | S |
| 112 | NM104 | First Name | Susan | S |
| 112 | NM105 | Middle Name | | S |
| 113 | NM108 | Identification Code Qualifier: *Provider Commercial Number* | PC | R |
| 113 | NM109 | Identification Code: *Number WA State Worker's Compensation assigned 7-character Provider Account Number.* | 0077777 | R |
| **118** | **MIA** | **Inpatient Adjudication Information** | | **S** |
| 119 | MIA01 | Quantity: *Covered Days or Visits Count* | | R |
| 119 | MIA02 | Quantity: *PPS Outlier Amount* | | S |
| 120 | MIA04 | DRG Amount | | S |
| 120 | MIA05 | Reference Identification: *Remark Code/EOB* | | S |
| **123** | **MOA** | **Outpatient Adjudcation Information: *Used for all services except Inpatient.*** | | **S** |
| 124 | MOA01 | Percent: *Reimbursement Rate* | | S |
| 124 | MOA02 | Monetary Amount: *HCPCS Payable Amount* | 450.00 | S |
| 124 | MOA03 | Reference Identification: *Remark Code/EOB* | | S |
| **126** | **REF** | **Other Claim Related Identification** | | **S** |
| 126 | REF01 | Reference Identification Qualifier: *Member ID Number* | 1W | R |
| 127 | REF02 | Reference Identification: *WA State Dept of Labor and Industries assigned Claim Number* | H010101 | R |
| **128** | **REF** | **Rendering Provider Identification** | | **S** |
| 128 | REF01 | Reference Identification Qualifier: *Provider Commercial Number* | G2 | R |
| 128 | REF02 | Reference Identification: *7-character WA State Dept of Labor and Industires Provider Account Number* | 0085642 | R |
| **130** | **DTM** | **Claim Date** | | **S** |
| 131 | DTM01 | Date/Time Qualifier: *Claim Statement Period Start Date.* | 232 | R |
| 131 | DTM02 | Date: *CCYYMMDD* | 20030115 | R |
| **130** | **DTM** | **Claim Date** | | **S** |
| 131 | DTM01 | Date/Time Qualifier: *Claim Statement Period End Date* | 233 | R |
| 131 | DTM02 | Date: CCYYMMDD | 20030115 | R |
| **135** | **AMT** | **Claim Supplemental Information** | | **S** |
| 135 | AMT01 | Amount Qualifier Code: *Outlier Amount* | ZZ | R |
| 136 | AMT02 | Monetary Amount | | S |

Example:

**CLP*1300000000001*1*500*450*0*WC*70320001000000100~**
**CAS*CO*42*50~**
**NM1*QC*1*Smith*Joe***MI*H010101~**
**NM1*82*1*Williams*Susan***SL*0077777~**
**MOA**450~**
**REF*1W*H010101~**
**REF*G2*0085642~**
**DTM*232*20030115~**
**DTM*233*20030115~**

## Loop ID – 2110 Service Payment Information

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **139** | **SVC** | **Service Payment Information: *Used for all services except Inpatient*** | | **S** |
| 140 | SVC01-1 | Service ID Qualifier: *HC-HCPCS; ZZ-Local Code; AD-American Dental* | HC | R |
| Addenda pg.8 | SVC01-1 | Service ID Qualifiers: *HC-HCPCS; ER-Local Codes; IV- Home Infusion; AD-American Dental* | | R |
| 141 | SVC01-2 | Service ID: *Procedure Code* | 99050 | R |
| 141 | SVC01-3 | Procedure Modifier | 25 | S |
| 141 | SVC01-4 | Procedure Modifier | | S |
| 141 | SVC01-5 | Procedure Modifier | | S |
| 141 | SVC01-6 | Procedure Modifier | | S |
| 142 | SVC02 | Line Item Charge Amount | 500.00 | R |
| 142 | SVC03 | Line Item Allowed Amount | 450.00 | R |
| 142 | SVC04 | Service ID: *Revenue Code* | | S |
| 142 | SVC05 | Quantity: *Units of Service* | 5 | S |
| **146** | **DTM** | **Service Date** | | **S** |
| 147 | DTM01 | Date/Time Qualifier: *Date of Service* | 472 | R |
| 147 | DTM02 | Date: *CCYYMMDD* | 20030115 | R |
| **148** | **CAS** | **Service Adjustment** | | **S** |
| 150 | CAS01 | Claim Adjustment Group Code | | R |
| 150 | CAS02 | Claim Adjustment Reason Code | | R |
| 150 | CAS03 | Adjustment Amount | | R |
| 150 | CAS04 | Adjustment Quantity | | S |
| **154** | **REF** | **Service Identification** | | **S** |
| 154 | REF01 | Reference Identification Qualifier | 6R | R |
| 155 | REF02 | Reference Identification (line item #) | 01 | R |
| **162** | **LQ** | **Health Care Remark Code** | | **S** |
| 162 | LQ01 | Code List Qualifier Code: *HE-Claim Payment Remark Code; RX-NCPDP Reject/Payment Code* | | R |
| 163 | LQ02 | Industry Code | | R |

Example:

**SVC*HC:99050:25*500*450**5~**
**DTM*472*20030115~**
**REF*6R*01~**

## Provider Level Adjustment – (for Provider Gross Adjustments only)

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **164** | **PLB** | **Provider Adjustment** | | **S** |
| 165 | PLB01 | Reference Identification: *WA State Dept of Labor and Industries 7-character assigned Provider Account Number.* | | R |
| 165 | PLB02 | Date: *CCYYMMDD* | | R |
| 165 | PLB03-1 | Adjustment Reason Code | ZZ | R |
| 170 | PLB03-2 | Provider Adjustment Identifier | CS | S |
| 170 | PLB04 | Provider Adjustment Amount | | R |

Example:
**PLB**

## 835 Trailer

| PAGE # | SEG./ FIELD ID | FIELD NAME | SAMPLE DATA & RECOMMENDED VALUES | USAGE |
|---|---|---|---|---|
| **173** | **SE** | **Transaction Trailer** | | **R** |
| 173 | SE01 | Number of Included Segments | 27 | R |
| 173 | SE02 | Transaction Set Control Number | 0001 | R |

Example:
**SE*27*0001~**

| Functional Group Trailer | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append B** | **GE** | **Functional Group Trailer** | | **R** |
| B.10 | GE01 | Number of Transaction Sets included | 000001 | R |
| B.10 | GE02 | Group Control Number | 000000101 | R |

Example:
**GE*1*101~**

| Interchange Control Trailer | | | | |
|---|---|---|---|---|
| **PAGE #** | **SEG./ FIELD ID** | **FIELD NAME** | **SAMPLE DATA & RECOMMENDED VALUES** | **USAGE** |
| **Append B** | **IEA** | **Interchange Control Trailer** | | **R** |
| B.7 | IEA01 | Number of Included Functinal Groups | 00001 | R |
| B.7 | IEA02 | Interchange Control Number | 000000001 | R |

Example:
**IEA*1*000000001~**

## Sample EDI for 835

**ISA*00*..........*00*..........*30*916001069........*ZZ*1234567......*030117*0600*U*00401*000000001*0*P*:~**
**GS*HP*916001069*1234567*20030117*0600*000000001*X*004010X091A1~**
**ST*835*0001~**
**BPR*I*1000.00*C*CHK**********20031005~**
**TRN*1*123456*1916001069~**
**REF*EV*0012345~**
**DTM*405*20030117~**
**N1*PR*WA State Dept of Labor and Industries~**
**N3*PO Box 44263~**
**N4*Olympia*WA*98504-4263~**
**PER*CX*Provider Hotline*TE*1-800-848-0811~**
**N1*PE*Community Hospital*FI*910000000~**
**N3*123 West St~**
**N4*Olympia*WA*98500~**
**REF*PQ*0001234~**
**LX*1~**
**CLP*1300000000001*1*500*450*0*WC*70320001000000100~**
**CAS*CO*42*50~**
**NM1*QC*1*Smith*Joe***MI*H010101~**
**NM1*82*1*Williams*Susan***SL*0077777~**
**MOA**450~**
**REF*1W*H010101~**
**REF*G2*0085642~**
**DTM*232*20030115~**
**DTM*233*20030115~**
**SVC*HC:99050:25*500*450**5~**
**DTM*472*20030115~**
**REF*6R*01~**
**SE*27*0001~**
**GE*1*101~**
**IEA*1*000000001~**

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# Appendix

# Instructions for Completing the Electronic Billing Authorization



Prior to billing electronically, it is necessary to complete an Electronic Billing Authorization. If you choose to employ a clearinghouse/intermediary to bill for you, the Billing Authorization includes a section for you to designate the name of the company and provides permission for the clearinghouse/intermediary to bill on your behalf.
After completing the form, **please make a copy for your file and mail the original** as instructed by your clearinghouse/intermediary – either return to them or to the Electronic Billing Unit. We will update your provider account and email or call your clearinghouse/intermediary when you are set up in our system. If you are using a clearinghouse/intermediary, you will need to coordinate with them that you are ready to bill electronically.

## Provider information

**Name of Firm or Individual (Provider)**: List the group/clinic name, or individual practitioner name if no group affiliation. Only one Authorization under the business name and tax Id is required to cover the entire group and any future practitioners added to the group. If an individual practitioner incorporates and adds other providers of service to his/her business under a new tax identification number (FEIN), a new Billing Authorization is required.
**Address, City, State and Zip:** List the provider's billing address including city, state and zip code.
**L&I Provider Account Number:** List the group/clinic (or individual practitioner) provider account number assigned by L&I. This number is used to submit your bills electronically.
**Contact Name:** List the name of the person to contact if we have questions/concerns.
**IRS Tax Identification Number:** List your current taxpayer number (FEIN or SSN).
**Telephone:** List the phone number of the provider's billing office.

## Clearinghouse/Intermediary information

**Clearinghouse/Intermediary Name:** List the name of the clearinghouse/intermediary if planning to use one.
**Address, City, State and Zip:** List the clearinghouse/intermediary business address including city, state and zip code.
**L&I Account Number for Clearinghouse/Intermediary:** List the provider number assigned by L&I for the clearinghouse/intermediary.
**Contact Name:** List the name of the person to contact if we have questions/concerns.
**Telephone:** List the phone number for the clearinghouse/intermediary.
**E-mail:** List the email of the person to contact for billing setup notifications.

## Effective date

Enter the date you will start sending bills to L&I electronically, whether they will come directly from you or from your clearinghouse/intermediary. **Note:** L&I's billing system accepts only one electronic submitter. You must STOP sending bills to your old clearinghouse/intermediary before submitting to your new clearinghouse/intermediary. Changes to the L&I's system usually take 3-5 days after receipt of the Billing Authorization.

## Authorizing signature

**Provider Name:** Please print the group/clinic (or individual practitioner) name.
**Signature and Date:** The owner or office manager must sign and date the authorization. L&I will only accept an original signature, so faxes or copies are not accepted.
**Signatory Name (Print Name):** Print the name of the person who signs the document.

If you have any questions regarding the Electronic Billing Authorization, please call **360-902-6511**.

Please return the completed Electronic Billing Authorization to:

Electronic Billing Unit
Department of Labor and Industries
P.O. Box 44264
Olympia, WA 98504-4264

**State of Washington**
**Department of Labor & Industries**
**Health Services Analysis/MIPS**
**Electronic Billing Unit**
**PO BOX 44264**
**Olympia WA 98504-4264**

# Electronic Billing Authorization



## ***DEFINITIONS:***

"***Provider***" shall mean an institution, agency, or person who has been issued a provider number with the Department to furnish medical care, goods, and/or services to clients, and is eligible to receive payment from the Department.

"***Clearinghouse/Intermediary***" shall be the term herein used to describe a third party employed by the L&I provider to submit claims to the Medical Information Payment System (MIPS).

## ***PURPOSE***

The purpose of this form is to authorize the Department of Labor & Industries (L&I) to accept electronically submitted bills for services provided to injured workers pursuant to the Industrial Insurance Act from the Provider named in the *Provider Information* Section on page 2:

## ***PROVISIONS***

1. **Submission, receipt, processing and payment of electronic billing is completely voluntary**.
2. The Provider may contract with a third party for services to process billings. **Clearinghouse/Intermediary information must be entered in the *Clearinghouse/Intermediary Information* Section on page 2. L&I must be informed prior to any changes being made to this information.**
3. The Provider accepts full responsibility for the accuracy and truthfulness of all bills submitted to L&I for payment on its behalf.
4. The Provider accepts full responsibility for all warrants endorsed or deposited on its behalf. Any payments forwarded to the Provider's third party shall be considered as payment to the Provider. L&I shall not be held further accountable for such payments.
5. The Provider understands that payment from L&I will be from state funds and that any falsification or concealment of a material fact may be prosecuted under state laws.
6. The Provider shall comply with all billing requirements and format specifications that are current at the time of the submission. Failure to comply with these requirements/specifications may result in suspension of this arrangement and/or rejection of submission(s) by L&I. For current information, be sure to check our web site at http://www.lni.wa.gov/ClaimsIns/Providers/Billing/BillLNI/Electronic/default.asp
7. **L&I shall contact the Clearinghouse/Intermediary (or Provider, if sending as an independent) upon completion of this Authorization to initiate electronic billing. To avoid possible billing errors, the Provider is advised not to proceed with electronic billing until instructed to do so by their Clearinghouse/Intermediary**.

## PROVIDER INFORMATION:

| | |
|---|---|
| Name of Firm or Individual (Provider) | L&I Provider Account Number |
| Address | Contact name |
| Address | IRS TAX IDENTIFICATION NUMBER |
| City, State, Zip + 4 | TELEPHONE |

## CLEARINGHOUSE/INTERMEDIARY INFORMATION:

**Entry of Clearinghouse/Intermediary information below constitutes Provider's authorization for L&I to accept and process billing through the following Clearinghouse/Intermediary.**

| | |
|---|---|
| Clearinghouse/intermediary Name | L&I Account Number For Clearinghouse/intermediary |
| Address | Contact name |
| City, State, Zip + 4 | Telephone |
| | E-mail |

## EFFECTIVE DATE:

Enter the date that you want your bills to be processed through L&I using your requested Clearinghouse/Intermediary. Failure to enter an effective date may cause your bills to suspend or be denied.

Effective Date _____

Provider's signature below authorizes L&I to accept and process electronic billing within the provisions listed above.

_____
**Provider Name**

_____
**Signature (must be original signature) Date**

_____
**Signatory Name (print name)**

**Attention:**
Visit http://www.lni.wa.gov/forms/pdf/248031af.pdf for the most recent version of the online fillable form.

State of Washington
County of _____

# Power of Attorney

KNOW ALL PERSONS BY THESE PRESENT, that the undersigned,

_____ of _____ County, Washington does

hereby make, constitute and appoint _____
(name of intermediary)
as attorney in fact for the benefit of the undersigned, and in its name, place and stead for the following purposes:

To act as an agent for the undersigned in receiving the undersigned's Industrial Insurance remittance advice by electronic means from the Washington State Department of Labor and Industries Medical Information and Payment System. The remittance advice information will contain itemized detail of bills processed by the Medical Information and Payment System, including billed charges, allowed charges, payable charges, explanation of denied charges or partial payments, and a listing of those bills still in process as of the close of the processing cycle.

This Power of Attorney is made effective this _____ day of _____, 20____.

_____
Provider Name

_____
L&I Provider Number

By:_____

_____
Notary Public

## Implementation Checklist

- L&I Provider Account Number established
- Electronic Billing Authorization form submitted to L&I Electronic Billing
- Power of Attorney completed if designating Clearinghouse to receive provider's Remittance Advice
- Contact L&I Electronic Billing to initialize EDI testing
- Provider Express Billing (PEB) Registration
- PEB Enrollment of provider or submitter number
- PEB Activation of provider or submitter number
- Transmission of Test EDI Transactions through PEB – inbound and outbound.
- L&I Electronic Billing notifies provider or submitter results of Test Transactions.
- After successful Test Transactions, L&I Electronic Billing updates the L&I Provider Account to authorize 'Production' submissions.
- L&I Electronic Billing notifies Provider or Clearinghouse of authorization for production file transmission.

## Change Summary

Please refer to the National EDI Implementation Guides Addenda for ASC X12N complete valid values and segment and loop changes. The following format changes indicated below, apply to EDI X12N 837 Addenda transactions submitted to L&I:

**004010X096A1 (Institutional)**

| Loop | Segment/Fld ID | Description | Change |
|---|---|---|---|
| | GS/GS08 | Version Release Industry ID | New value: 004010X096A1 |
| Header | REF02 | Transmission Type Code: | New Value: 004010X096A1 |
| 2000B | PAT | Patient Information | Segment Deleted |
| 2300 | CLM11 | Related Causes Code | Not Used |
| 2300 | HI | Principal, Admitting, E-code | New Usage: S |
| 2310A | PRV | Attending Physician Specialty | New Usage: S |
| 2310B | PRV | Operating Physician Specialty | Segment Deleted |
| 2310C | PRV | Other Physician Specialty | Segment Deleted |

**004010X098A1 (Professional)**

| Loop | Segment/Fld ID | Description | Change |
|---|---|---|---|
| | GS/GS08 | Version Release Industry ID | New value: 004010X98A1 |
| Header | REF02 | Transmission Type Code | New value: 004010X98A1 |
| 2310A | PRV | Reference Provider Specialty | New Usage: S |
| 2310B | PRV | Rendering Provider Specialty | New Usage: S |
| 2400 | SV109 | Emergency Indicator | New value: Y or blank |
| 2400 | SV5 | Durable Medical Equipment Service | Add New Segment |

**004010X97A1 (Dental)**

| Loop | Segment/Fld ID | Description | Change |
|---|---|---|---|
| | GS/GS08 | Version Release Industry ID | New value: 004010X097A1 |
| Header | REF02 | Transmission Type Code | New value: 004010X097A1 |
| 2310A | PRV | Referring Provider Specialty | New Usage: S |
| 2310B | PRV | Rendering Provider Specialty | New Usage: S |

**004010X091A1 (835 Remittance Advice)**

| Loop | Segment/Fld ID | Description | Change |
|---|---|---|---|
| | GS/GS08 | Version Release Industry ID | New value: 004010X091A1 |
| 1000A | N103 | Identification Code Qualifier: XV | Usage: required if transmitted. |
| 1000A | N104 | Identification Code: HCFA Nat'l Plan ID | Usage: required if usage becomes mandated for use. |
| 2110 | SVC01-1 | Service ID Qualifiers | Change in some values: ER-Local Codes; IV-Home Infusion |

## Version Chart

The version chart below will assist you in selecting the correct L&I Companion Guide for the ASC X12N 837 format you intend to use for your transactions. Each companion guide contains the entire business and format information you will need to submit your medical billings electronically and retrieve electronic remittance advices.

| ASC X12N 837 Version | Labor and Industries Companion Guide | Date Issued |
|---|---|---|
| 004010X096 – Institutional | Version 1.0 (no longer supported) | May 2000 |
| 004010X097 – Dental | Version 1.0 (no longer supported) | May 2000 |
| 004010X098 – Professional | Version 1.0 (no longer supported) | May 2000 |
| 004010X096A1 (addenda) | Version 2.0 | October 2002 |
| 004010X097A1 (addenda) | Version 2.0 | October 2002 |
| 004010X098A1 (addenda) | Version 2.0 | October 2002 |